

# **MEDICAL SERVICES FOR INDIGENTS**

## **PROVIDER MANUAL**

**8th Edition**

**April 2004**



**HEALTH CARE AGENCY**

**MEDICAL AND INSTITUTIONAL HEALTH SERVICES**

**P. O. BOX 355**

**SANTA ANA, CA 92702**

Web Site

<http://www.ochealthinfo.com/medical/msi>

## **TABLE OF CONTENTS**

	<b><u>Page</u></b>
<b>I. INTRODUCTION-----</b>	<b>3</b>
<b>II. GENERAL ELIGIBILITY-----</b>	<b>6</b>
<b>A. Medical Eligibility-----</b>	<b>6</b>
<b>B. Financial Eligibility-----</b>	<b>6</b>
<b>C. Eligibility Determination Process -----</b>	<b>7</b>
<b>D. Dual Application-----</b>	<b>8</b>
<b>III. GENERAL BILLING INFORMATION -----</b>	<b>8</b>
<b>A. Billing by Hospitals -----</b>	<b>10</b>
<b>B. Billing the Patient-----</b>	<b>12</b>
1. Billing and Collection Practices.....	12
2. Deposits.....	13
<b>C. Billing by Physicians -----</b>	<b>13</b>
<b>D. Billing by Community Clinics-----</b>	<b>15</b>
<b>E. Billing for Pharmaceutical Services -----</b>	<b>15</b>
<b>F. Billing for Emergency Transportation .....</b>	<b>16</b>
<b>G. Billing for Durable Medical Goods -----</b>	<b>16</b>
<b>H. Billing for Home Health Services -----</b>	<b>17</b>
<b>IV. REVIEW COMMITTEES-----</b>	<b>17</b>
<b>V. APPEALS -----</b>	<b>18</b>
<b>VI. TRANSFER POLICY -----</b>	<b>19</b>
<b>A. In-County Transfer -----</b>	<b>20</b>
<b>B. Out-of-County Transfer -----</b>	<b>20</b>

## **APPENDICES**

	<b><u>Page</u></b>
<b>A. Medical Services for Indigents Program Scope of Service-----</b>	<b>22</b>
<b>A - 1 AIA Operations Manual MSI Criteria for Interpretation           of Scope of Service-----</b>	<b>25</b>
<b>B. MSI Fraud and Recovery Program-----</b>	<b>48</b>
<b>C. Patient Referrals to the MSI Program by Outpatient Providers -----</b>	<b>50</b>
<b>D. Drug Formulary for Medical Services for Indigents     (General Information) -----</b>	<b>52</b>
<b>E. MSI Contracting Hospitals – Community Clinics -----</b>	<b>58</b>
<b>F. MSI and Medi-Cal Comparison-----</b>	<b>62</b>
<b>G. The Notice of Action (NOA) General Information-----</b>	<b>66</b>
<b>G - 1 NOA – Approval of Benefits -----</b>	<b>68</b>
<b>G - 2 NOA – Appeal 2A3 -----</b>	<b>69</b>
<b>G - 3 NOA – Appeal Administrative Review 3A3 -----</b>	<b>70</b>
<b>G – 4 NOA – Disability Linked-----</b>	<b>71</b>
<b>H. Eligibility Appeal Rights Form (Reverse side of NOA)-----</b>	<b>72</b>
<b>I. Sample Eligibility Status Report-----</b>	<b>73</b>
<b>I - 1 How to Read the MSI Eligibility Status Report-----</b>	<b>74</b>
<b>J. Procedures for Referral to Orange County     Psychiatric Evaluation and Treatment Services (ETS)-----</b>	<b>76</b>
<b>K. Notice of Payment Denial (Front of Form) -----</b>	<b>78</b>
<b>Notice of Payment Denial (Back of Form)-----</b>	<b>79</b>

# **MEDICAL SERVICES FOR INDIGENTS PROVIDER MANUAL**

## **I. INTRODUCTION**

The Orange County Medical Services for Indigents (MSI) Program, formerly known as Indigent Medical Services (IMS), began in January, 1983 as a result of the transfer of responsibility from the State to the County for a category of patients no longer eligible for Medi-Cal. MSI covers necessary medical care for Orange County eligible residents 21 through 64 years of age who have no other resource for medical care.

The MSI Program structure includes the County and the private medical community in a unique public-private partnership to deliver health care to indigents utilizing the entire medical system and resources. Hospitals are represented by the Hospital Association of Southern California, physicians are represented by the Orange County Medical Association, and community clinics are represented by the Coalition of Orange County Community Clinics in the planning, design and operation of the Program. MSI funded staff are available in each of these organizations to assist providers with administrative issues.

The MSI Program intermittently publishes and distributes a bulletin that presents updated information on pertinent issues. If you are not receiving the MSI Bulletin and would like to receive it, call the MSI office at (714) 834-6248, and ask that your name be added to the distribution list. It is recommended that copies of the MSI Bulletin be placed inside the manual where they will serve as a convenient reference source to users.

MSI has posters and patient brochures available in English, Spanish, and Vietnamese languages. Copies of the MSI posters and brochures may be obtained by calling the MSI office at (714) 834-6248. Representatives from the MSI Program are available for consultation and training workshops.

## MSI PROGRAM FUNDING

### DEPENDS ON COMPLIANCE WITH STATE REQUIREMENTS

Hospitals contracted with the County to provide services to the MSI population must comply with the following *Welfare and Institutions (W & I) Code* sections:

- 1)     **14134.1**     ***“No provider under this chapter may deny care or services under this chapter on account of the individual’s inability to pay a copayment, as defined in Section 14134. The requirements of this Section shall not extinguish the liability of the individual to whom the care or services were furnished for payment of the copayment.”***
  
- 2)     **16804.1**
  - a)     ***“No fee or charge shall be required of any person before a county renders medically necessary services to persons entitled to services pursuant to Section 17000.”***
  - b)     ***“This section is declaratory of existing law and shall not be interpreted to effect a county’s authority to implement a reasonable sliding fee schedule based on ability to pay.”***
  
- 3)     **16818**
  - a)     ***“Each facility treating persons pursuant to Section 17000 shall provide at the time treatment is sought, individual notice of the availability of reduced cost health care. In addition, conspicuous posted notices of the procedures for applying for reduced cost health care shall be displayed in all emergency rooms and patient waiting rooms of each facility treating persons pursuant to Section 17000.”***
  - b)     ***“This Section is declaratory of existing law and shall not be interpreted to constitute a new mandate.”***

## **INFORMATION SOURCES**

MSI Eligibility Information Line	(714) 480-6333
----------------------------------	----------------

---

MSI 24/7 Provider Eligibility Information Line	(866) 647-1860
--	----------------

### Medical Services for Indigents

#### Patient/Provider Relations/Fraud and Recovery

P. O. Box 355	<b>Providers Only</b>	(714) 834-3557
---------------	-----------------------	----------------

Santa Ana, CA 92702	<b>Patients Only</b>	(714) 834-5211
---------------------	----------------------	----------------

---

### American Insurance Administrators, Inc. (AIA) (Fiscal Intermediary)

P. O. Box 6285

Orange, CA 92863-6285	(714) 634-1321
-----------------------	----------------

---

### Orange County Foundation for Medical Care

#### Case Management Unit -

Main Number (714) 634-5169

Central County Ext. 249

North County Ext. 241

South County Ext. 248

Support Staff Ext. 243 & 244

---

### Hospital Association of Southern California

12361 Lewis Street, Suite #101

Garden Grove, CA 92840	(714) 750-0788
------------------------	----------------

---

Orange County Medical Association	(714) 978-1160
-----------------------------------	----------------

---

### Coalition of Orange County Community Clinics

2107 N. Broadway, Suite #102

Santa Ana, CA 92706	(714) 667-5100
---------------------	----------------

---

Contracts Development Management Department	(714) 834-5809
---	----------------

---

## **II. GENERAL ELIGIBILITY**

The Medical Services for Indigents (MSI) Program covers medical care necessary to protect life, prevent significant disability or prevent serious deterioration of health for Orange County eligible residents 21 through 64 years of age who have no other resource for medical care.

### **A. Medical Eligibility**

The purpose of the MSI Program is to provide medical care necessary to protect life, prevent significant disability or serious deterioration of health.

An applicant must have a current medical need to apply for Program benefits. Appendix A contains the MSI Program's Scope of Services.

Conditions generally not covered are those patients have lived with for an extended period of time, which have not changed significantly and do not require maintenance of care.

### **B. Financial, Residency and Identification Eligibility**

General and financial eligibility for the MSI Program is determined by the Orange County Social Services Agency (SSA). The applicant's Social Security card, and a copy of the alien registration card (if the patient is not a U.S. citizen), photo ID as well as proof of residency are required for application. Financial information including current income, checking/savings account balances, vehicle ownership, and value of other property and assets is also necessary. After the hospital-designated personnel complete an application and statement of facts, the forms are forwarded to SSA for review and processing. Information on the application is verified through various automated databases.

Financial eligibility is based upon criteria stated in *Title 22 of the California Code of Regulations* as it relates to Medi-Cal eligibility with an income cap at 200% of the Federal Poverty Level as updated April of each year.

Appendix F discusses the differences between the Medi-Cal and MSI Programs.

### **C. Eligibility Determination Process**

If a patient does not have financial resources to pay for necessary medical services, he or she may be eligible to the MSI Program. After initial screening by the hospital, physician or clinic, the Hospital Liaison at an MSI contracting hospital (Appendix E) or staff at a qualified community clinic should be called to arrange an appointment for the patient to complete an MSI application. The patient must complete the application before SSA can determine eligibility. Appendix C details the referral procedure.

After the MSI Liaison completes the application, the County Social Services Agency must receive it no later than the last day of the third month following the month of service for which the payment is to be made.

The Medical Services for Indigents Agreement requires contracting hospitals to make their best efforts to inform physicians, dentists and other providers of service of eligibility decisions for MSI applicants. Additionally, patients are informed of their responsibility to notify medical providers of their eligibility in a timely manner.

An MSI Hotline is available 24 hours, seven days a week for verification of patient eligibility. To access this line providers will need to input the patient's SSN and DOB, and the provider's tax ID number. This information is updated daily to ensure the most current information is available. This automated system will give five possible eligibility determinations: Eligible (with period of eligibility), Denied, Pending (application still in process), Temporary Eligibility (eligibility granted for a thirty day period only) and Suspended Eligibility (eligibility on temporary hold which deems patient ineligible and claims not payable until further verification is received).

Patients who fail to complete the application procedure are responsible for medical costs incurred. Patients who continue to have medical needs must reapply every six months in order to continue eligibility.



#### D. Dual Application

Applications for both Medi-Cal and MSI are taken when an applicant is identified as potentially disabled for at least one year. MSI may be approved pending the disability decision by the Disability and Adult Programs Division (DAPD).

If the applicant fails to cooperate in the Medi-Cal application process, an initial MSI application may be approved, but subsequent MSI applications may be denied until the applicant cooperates with the Medi-Cal application process.

### III. GENERAL BILLING INFORMATION

American Insurance Administrators (AIA) currently serves as the Fiscal Intermediary for the MSI Program. *The timeline for claims submission is 90 days from the date of service or from verification of eligibility, whichever is later. **The final date for claims receipt by the Fiscal Intermediary is now September 30 – 90 days** following the last date for service within this contract period.*

Physicians may use their own billing statements or the HCFA 1500. All billing must include the following information:

- Patient's name
- MSI eligibility number (Social Security number)
- Date of service
- Provider Tax Identification number

Additional information will facilitate payments: Date of birth, ICD-9-CM diagnosis codes, and a copy of the NOTICE OF ACTION. Eligibility information is available from the patient, the MSI Hotline Eligibility Technician, the MSI Patient/Provider Relations office or the Fiscal Intermediary.

Submission of claims after close of contract period (***exception policy***)

There is **only** one exception to the billing deadline noted above: Patients who are initially denied MSI eligibility and are subsequently granted eligibility through

## GENERAL BILLING INFORMATION – continued

the Orange County Social Services Agency's (SSA) ***Appeal or Administrative Review*** process.

There can be a lengthy delay from the time the patient submits an appeal to the time SSA receives information to rescind the original denial of eligibility. As a result, the patient may receive notification of eligibility after the contract period is closed.

Providers, who receive information that a patient has been granted eligibility (through the appeal or administrative process) for a closed contract period, may do the following:

- Ask the patient for a copy of their Notice of Action (the approval letter from SSA that confirms eligibility for the date of service in question).
- Attach a copy of the patient's Notice of Action to the claim, and submit the claim to the fiscal intermediary, AIA.

***Important Note:*** Should claims be submitted after the deadline due to pending MSI eligibility verification issues, these claims will be rolled forward and considered for payment under the succeeding year's contract.

### MSI Eligibles with "Other Insurance"

It is possible for MSI eligible patients to have primary health insurance. When a patient has other coverage, it is required by the Medical Services for Indigents Agreement that you bill that coverage.

You must bill the primary carrier **prior** to billing the MSI Program. After you receive payment from the primary coverage, bill the Fiscal Intermediary for the balance of the claim and enclose copies of the Explanation of Benefits from the other coverage. MSI pays the supplemental amount necessary to bring total reimbursement from all sources up to that paid if MSI were the sole source of payment. If you receive a denial from the primary coverage, submit your total bill with a copy of the denial. The claims submission deadline still applies even though other insurance is involved.

## **A. Billing by Hospitals**

### **Inpatient Case Management Unit**

The MSI program's Case Management Unit must be notified of all MSI patient (eligible or pending) hospital admissions. To notify of an admission, call **(714) 634-5169, ext. 241 (North County), Ext. 249 (Central County), or Ext. 248 (South County).**

**Note : Failure to send concurrent review upon request or discharge information within 10 days to the Case Management Unit will result in denial of non-reported hospital days.**

Hospitals may use their standard billing forms, or the UB92, as long as the Hospital Billing Point calculations are included (see Hospital Billing Points tables below). Questions regarding Hospital Point Calculation may be directed to the Fiscal Intermediary.

Hospitals are paid a Periodic Interim Payment (PIP) each month calculated using historical data.

Claims are reviewed by the Fiscal Intermediary to determine eligibility of patient, timeliness of submission and if the medical care rendered falls within the MSI Scope of Service. If the claim meets the necessary criteria, an initial credit is given. Calculation of the initial credit is based upon 50% of the point values. Points are valued at the total paid in the previous year (\$40.63 for FY 2003-04) listed in the following chart.

A final determination of the amounts due to all hospital contractors, adjusted for Periodic Interim Payment, are made by January 15 of each year and communicated to all hospitals. The notice includes notification to any hospital that has received an overpayment of PIP payments, and a demand for immediate repayment due within ten days. Final distribution of all amounts due to hospitals is made on or before January 31 of each contract year.

**A. Billing by Hospitals – continued**

**Hospital Billing Points**

**Emergency Room Outpatients**

Emergency Department Outpatient	Total Points	M.D.	Room <sup>1</sup>	Ancillary In Hospital <sup>2</sup>	Ancillary Out of Hospital <sup>3</sup>	Hospital
Minor without ancillary (MD &/or Room)	<b>2.00</b>	1.00	1.00	X	Hosp	Doc
Minor with ancillary (MD &/or Room &/or ancillary)	<b>5.50</b>	1.50	1.50	2.50	1.75	0.75
Major with or without Ancillary <sup>4</sup>	<b>17.50</b>	3.75	3.75	10.00	7.00	3.00
Surgical procedure <sup>5</sup> (Operating Room with or without ancillary)	<b>10.00</b>	3.75	3.75	2.50	1.75	0.75

<sup>1</sup> Emergency Department and/or Procedure Room = Room

<sup>2</sup> Physical, Occupational, Speech, Inhalation, Whirlpool Therapies, Acute Dialysis, Machine set-up for nebulizer

<sup>3</sup> Laser (eye), Chemotherapy, Ultraviolet, Lab, X-ray, IV Therapy

<sup>4</sup> For example, Trauma, CVA, HTN Crisis, Acute Renal Failure, Heart Attack

<sup>5</sup> For example, Heart Catheterization, Angioplasty, Fractures, Cholecystectomy

**Inpatient**

Inpatient	Points Per Day
Acute Days	15
Critical Days	40
Acute & Telemetry (Step-down)	20
Administrative Days	5
High Tech Ancillary	10 x Conversion Factor

## A. Billing by Hospitals – continued

### Trauma (Trauma Centers Only<sup>1</sup>)

Died in ER	32
Died in OR	149
Admitted	38

<sup>1</sup>"Trauma Center" or "designated trauma center" means a licensed general acute care hospital which has been designated as a Level I, II or III Trauma Center by the local Emergency Medical Services (EMS) Agency, in accordance with the law.

### High Tech Ancillary<sup>1, 4</sup>

Weight Factors	Units	Points Per Day <sup>3</sup>
Hyperbaric Chamber <sup>2</sup>	2 Units per 24 hours	20.00
**Lithotripter – Inpatient <sup>2</sup>	2 Units	20.00
**Lithotripter – Outpatient	3 Units	30.00
Electrodes – Each	0.5 Units	5.00
MRI – Inpatient <sup>2</sup>	1 Unit	10.00
MRI – Outpatient	1.5 Units	15.00
Radiation Therapy	0.5 Units	5.00

#### **\*\* Tank submersion only**

<sup>1</sup>High Tech Ancillary applies to inpatient and outpatient services.

<sup>2</sup>On Inpatients, points are in addition to per diem points.

<sup>3</sup>High Tech Ancillary is 10 points times the number of Units.

**<sup>4</sup>Changes to conversion factors for specific High Tech Ancillaries must be recommended by the Administrative Review Committee and approved by the Program Manager.**

## B. Billing The Patient

### 1. Billing and Collection Practices

Providers have the right to bill patients in the event the patient fails to complete the eligibility process, receives a non-insurance, third party

## **B. Billing The Patient – continued**

settlement, or if the services provided are determined to fall outside the scope of the MSI program.

**Note: Patients are responsible for primary insurance co-payments and deductibles.**

### **2. Deposits**

#### **a) Emergency Services**

Deposits should not be required prior to providing treatment for persons needing emergency medical treatment as that term is defined in *Section 1317 of the Health and Safety Code*, i.e., "in danger of loss of life or serious injury or illness."

#### **b) Medically Necessary Services**

Deposits may be requested, but hospitals may not deny medically necessary services (i.e., cannot be postponed without seriously affecting health) to potentially eligible or eligible persons who fail to pay the deposits. *Welfare and Institutions Code Sections 14134.1 and 16804.1.*

## **C. Billing by Physicians**

Effective July 1, 2003, physicians are required to register with the MSI Program as a condition for reimbursement. The registration form is available on the MSI Program's website at: <http://www.ochealthinfo.com/medical/msi>. A copy of the registration form is also available by calling Program Support at (714) 834-6248.

Claims submitted by physician providers who are not registered, will be suspended. The Fiscal Intermediary will send the physician a notification that the claims are suspended with instructions to register with the Program within fourteen days from the date on the letter of notification. Physicians who do not register within the fourteen day timeframe, will not receive reimbursement for their claims.

Physicians may use the HCFA-1500 or their own billing form, but the form must contain information mentioned in the General Billing Information Section, page 8.

### C. Billing by Physicians- continued

The Fiscal Intermediary makes initial payments to physicians for services to eligible patients that fit the Scope of Service. Initial payments for physicians is at 65% of Resource-Based Relative Value Scale for general medicine codes and 80% for surgical codes.

Payments to physicians are calculated on the Relative Value Unit (RVU). The RVU is the value set forth in the Medical Fee Schedule which when multiplied by the conversion factor specified below equals one hundred percent of the payment for that RVU. Payments are calculated as follows:

#### Physician Claims

Service	100% of Conversion Factor per RVU	Interim Payment at 65% or 80% per RVU
Non-Surgical	35.77	\$23.25 (65%)
Surgical	40.96	\$32.77 (80%)

Final pay for physicians is based on the following formula:

$$\begin{array}{lcl} \text{Individual} & \text{Total FY interim payments} & \text{Funds} \\ \text{physician} & = \text{to individual physician} & \text{remaining in} \\ \text{share} & \frac{\text{Total FY interim payment}}{\text{for all physician claims}} & \text{fiscal intermediary's} \\ & & \text{physicians account} \end{array} \quad \times$$

**Note:** All laboratory and diagnostic imaging services ordered by physicians are rendered through MSI contracting hospitals. Physicians may, however, provide these services in their private offices and bill the Fiscal Intermediary directly. For further information please contact the current Fiscal Intermediary, American Insurance Administrators, at (714) 634-1321.

#### **D. Billing by Community Clinics**

Community clinics should follow the same guidelines for billing as discussed on page 13, section B, "Billing by Physicians."

Payments to community clinics are also based on the Relative Value Unit (RVU).

Community clinics are paid at sixty five percent (65%) for general medicine codes and eighty percent (80%) for surgical codes.

Community Clinics are also paid a bonus of an additional five percent (5%) for service encounters when the individual clinic baseline level of encounters has been exceeded for the year.

Payments are calculated as follows:

#### **Community Clinic Claims**

Service	100% of Conversion Factor per RVU	No Bonus	With Bonus
		Interim Payment at 65% or 80% per RVU	Interim Payment at 70% or 85% per RVU
Non-Surgical	35.77	\$23.25 (65%)	\$25.04 (70%)
Surgical	40.96	\$32.77 (80%)	\$34.82 (85%)

#### **E. Billing for Pharmaceutical Services**

The MSI Program has a drug formulary. Exclusions to the formulary include medications not listed in the formulary, over the counter medication and specific therapeutic classifications relating to conditions outside the scope of the MSI Program. Therapeutic Classifications not covered under the MSI Program are listed in Appendix D, p. 63 - 65.

The MSI Program in those rare cases may cover a non-formulary drug where one of the following conditions is present: All Formulary options have



been ineffective, or another non-formulary drug is less expensive, **or** there is an overwhelming, case specified need, **and** the diagnosis is within the scope of the MSI Program **and** is consistent with the prescription.

The MSI Drug Authorization Request Form is necessary when billing for Non-Formulary drugs (See Appendix D, p. 66).

**Caremark Network pharmacies provide eligible pharmaceuticals.**

**F. Billing for Emergency Transportation**

Emergency medical transportation to a contracting hospital, necessary to prevent serious disability or illness or to protect the life of eligible patients, is reimbursable through MSI. Non emergency medical transportation services are not eligible for reimbursement, with the exception of transfers qualifying as a Special Permit Medical Service as defined in the Medical Services for Indigents Agreement.

Ambulance companies must indicate diagnosis on the transportation claim.

Eligibility information is available from the Patient, the MSI Hotline Eligibility Technician, the Hospital, the Patient/Provider Relations office or the Fiscal Intermediary.

Ambulance companies are reimbursed at one hundred percent (100%) of prevailing Medi-Cal rates.

**Note: Paramedic services other than emergency transportation are not reimbursable through the MSI Program.**

**G. Billing for Durable Medical Goods**

Providers of Durable Medical Goods must have a contract with the Medical Services for Indigents (MSI) Program to receive reimbursement. For information on how to become a contracted provider please call the County's Contracts Development Management Department at (714) 834-5809 and ask to speak to the MSI Contract Manager.

Suppliers of Durable Medical Goods may use their standard billing forms. All DMG services must be preauthorized by the MSI Program's Case Management Unit. They can be reached by calling 714-634-5169.

Approved claims for medical supplies are reimbursed at 100% of prevailing Medi-Cal rates for similar items. (See Appendix A.1, p. 36 - 38, for Scope of Service criteria).

#### **H. Billing for Home Health Services (HHS)**

Providers of Home Health Services may bill the Medical Services for Indigents (MSI) Program for reimbursement. All Home Health services must be pre-authorized by the MSI Program's Case Management Unit. They can be reached by calling 714-634-5169. Home Health Care Agencies may use their standard billing form when submitting claims to the Fiscal Intermediary.

Approved HHS claims are reimbursed at 100% of prevailing Medi-Cal rates for similar services. (See Appendix A.1, p. 43, for Scope of Service criteria.)

**Note:** Home Health agencies may bill the MSI program for the pharmaceutical portion of home infusion therapy. Claims are paid at (AWP minus a percentage + plus a dispensing fee). Include a copy of the prescription, the diagnosis if available, and the National Drug Code when submitting claims.

### **IV. REVIEW COMMITTEES**

#### **Administrative Review Committee**

The Administrative Review Committee resolves all problems of an administrative nature, which arise in connection with the operation of the MSI Program and the implementation of the Medical Services Agreement. The Administrative Review Committee is comprised of a chairperson appointed by the County, one member from a contracting facility appointed by the Hospital Association of Southern California, one member appointed by the Fiscal Intermediary, one ex-officio member appointed by the Orange County Medical Association, one ex-officio member appointed by the HCA Director and one ex-officio member appointed by the Coalition of Orange County Community Clinics.

The Committee's decisions are advisory to the Program Manager.

### **Medical Review Committee**

The Medical Review Committee reviews all claims for podiatry services and all providers and patient appeals to determine if services provided qualify as reimbursable medical services under the Medical Services Agreement. The Committee's decision must be rendered within 30 days of the receipt of any appeal by the Fiscal Intermediary. The decisions of the Medical Review Committee are final and binding.

The Committee consists of a physician chairperson appointed by the County, a physician member appointed by the Fiscal Intermediary and a physician member appointed by the Hospital Association of Southern California.

## **V. APPEALS**

### **Eligibility Appeals**

Applicants or recipients may request an appeal on any County Social Services Agency action or inaction pertaining to their MSI application or eligibility determination process.

The request for a hearing must be filed with Orange County Social Services Agency Appeals Unit, P.O. Box 22001, Santa Ana, CA 92701-22001. Requests must be filed in writing within thirty (30) days of the date on the Notice of Action. The County is solely responsible for conducting these hearings.

### **Appeals of Denied Claims**

Provider questions regarding eligible charges may be referred to the Fiscal Intermediary currently, American Insurance Administrators, (714) 634-1321. Claims denied as outside the medical Scope of Service may be appealed by providers to the Medical Review Committee. Appeals must be submitted, in writing, within thirty (30) days of the notice of denial, to American Insurance Administrators, P. O. Box 6567, Orange, CA 92863-6567.

Patients also receive a timely notice of every denial of provider payment with the reason for the denial and an explanation of the patient's appeal rights and an appeal form. Patient appeals must be submitted in writing, within 30 days of the

notice of denial to: American Insurance Administrators, P. O. Box 6567, Orange, CA 92863-6567. Patients may be represented by an attorney or any other person of their choice.

The appeal must be accompanied by any records, medical opinions, arguments or other information, which the patient or their authorized representative(s) believe would be relevant in establishing the pertinent facts and in reaching a decision. The Medical Review Committee will consider this information in addition to the information contained in the claim file in reaching a final decision. The patient will be notified in writing of the Committee's decision.

A copy of American Insurance Administrators Patient Appeal Procedure is available for review or purchase from the Health Care Agency, Custodian of Records, 515 North Sycamore Street, Suite 120, Santa Ana, CA 92701, (714) 834-3536.

## **VI. TRANSFER POLICY**

Hospitals and other providers will not be paid for any medical services if the hospital transfers or accepts a patient transfer, **except** when said patient requires a "special permit medical service" which is not available at the transferring hospital.

Special permit medical services are defined for purposes of the Medical Services Agreement as follows:

- Burn Center
- Cardiovascular surgery service
- Radiation therapy services
- Trauma center
- Renal transplant center
- Acute psychiatric service
- Special rehabilitation service
- Such types or kinds of transfers as may be approved in writing by the Project Director at the request of the Administrative Review Committee
- Authorized transport from acute care to SNF.

All special permit services must be licensed in accordance with appropriate laws and must be a service provided by a contracting hospital.

Placement in a skilled nursing facility or transfer to a veteran's hospital is not considered a transfer for the purposes of this policy.

Transfer other than for a "special permit medical service" may be recommended to the Project Director by the Administrative Review Committee under the following circumstances:

**A. In-County Transfers**

1. Patient is an established MSI eligible at the time of transfer; and
2. Patient was hospitalized under emergency circumstances which precluded facility selection in advance; and
3. Patient has an existing relationship with a physician which the patient and the physician wish to maintain; and
4. Physician noted above does not have staff privileges at the hospital where the patient was admitted; and
  1. Patient's condition was stabilized prior to transfer; and
  2. Both the receiving hospital and the physician agree in advance to the transfer.

**B. Out-of-County Transfers**

1. Patient is an Orange County resident; and
2. Patient was hospitalized under emergency
3. Circumstances which precluded facility selection in advance; and
4. Patient may or may not be an established MSI eligible at the time of transfer; eligibility may be determined subsequent to the transfer; and
5. Patient's condition was stabilized prior to transfer; and
6. Both the receiving hospital and the physician agree in advance to accept the transferee.

The receiving facility must notify the Fiscal Intermediary of the transfer via a letter. The letter must indicate the following:

1. Name and address of the patient
2. Reason for the transfer, and
3. Acceptance by the receiving facility and physician of the transferred patient (the physician's signature is desirable).

The Fiscal Intermediary will notify the Administrative Review Committee of the transfer by placing the request for approval on the agenda for the Committee's next regularly scheduled meeting.

A positive recommendation of the Administrative Review Committee will be forwarded to the Program Manager. The Program Manager will notify the Fiscal Intermediary in writing of the disposition of the transfer request.

## **APPENDIX A**

### **Scope of Service**

Medical Services for Indigents is a safety net program for adult indigents. A medical service shall be considered for reimbursement on a limited basis under the MSI Program, if such medical service is required for:

1. Immediate treatment of life threatening and emergent conditions.
2. Treatment of acute exacerbation of chronic conditions that are potentially life threatening.
3. Limited monitoring of chronic conditions that are potentially life threatening.
4. Conditions that if left untreated would result in permanent and significant impairment in function.

The Scope of Medical Services may include but is not limited to the following:

- Acute hospital inpatient services, including physician, room and board, diagnostic and therapeutic ancillary services, therapy services, anesthesia services, pharmacy services, administrative days and other acute hospital inpatient services necessary to the care of the patient;
- Home Health services;
- Outpatient services, including physician, clinic services, hospital based surgical center services, emergency room services, diagnostic and therapeutic services, outpatient pharmacy services and physical and occupational therapy services;
- Blood and blood derivatives;
- Acute outpatient hemodialysis;
- Emergency medical transportation;
- Acute dental services;
- Durable Medical Goods, prosthetics and medical supplies;
- Acute psychiatric evaluation as required for triage.

### **Exclusion and Limitations:**

These exclusions are not exhaustive and additional exclusions may be reviewed and approved or disapproved on a case-by-case basis by the Fiscal Intermediary.

1. All services for health conditions, which are not medically necessary to protect life and prevent permanent and significant impairment of function;
2. Pregnancy related services including complications of pregnancy;
3. Extended or long-term care facility services;
4. Routine physical examinations;
5. Routine dental prophylaxis and radiological studies, orthodontia, and fixed prostheses;
6. Routine eye examinations; eyeglasses for refraction and eye appliances, hearing aids;
7. Routine injections of antigen to ameliorate allergic conditions;
8. Medications within therapeutic classifications that fall outside the scope of the MSI Program, or are not listed in the Medi-Cal Formulary;
9. Adult day care health services;
10. Acupuncture, chiropractic, optometry, and podiatry;
11. Non-emergency medical transportation;
12. Voluntary sterilization; birth control;
13. Inpatient and outpatient mental health services;
14. Inpatient and outpatient alcohol and drug rehabilitation;
15. Diagnostic and therapeutic services for male and female fertility;
16. Organ transplant;



**Exclusion and Limitations** – continued

17. Radial Keratotomy and other laser surgeries to correct refractive impairments;
18. All diagnostic, therapeutic and rehabilitative procedures and services which are considered experimental or of unproven medical efficacy;
19. All cosmetic procedures;
20. Personal convenience items for inpatient stay, and;
21. Ultrasound, massage and therapeutic thermal packs.

## APPENDIX A.1

### AMERICAN INSURANCE ADMINISTRATORS OPERATIONS MANUAL

#### MEDICAL SERVICES FOR INDIGENTS

#### CRITERIA FOR INTERPRETATION OF SCOPE OF SERVICE

##### INTRODUCTION

The Medical Services for Indigents (MSI) Program covers necessary medical care for Orange County residents 21 through 64 years of age who have no other resource for medical care. Providers are eligible for reimbursement for medical care rendered to eligible clients when that care is necessary to:

**Protect life and to  
Prevent disability that would result in  
permanent and significant impairment of  
function.**

**Note:** The MSI Program currently pre-authorizes payment for the following surgeries:

- Orthopaedic
- Hysterectomy
- Hernia

For pre-authorization contact the Case Management Unit at 714-634-5169, ext. 241 (North County), ext. 249 (Central County), ext. 248 (South County).

**This appendix is not intended to be all-inclusive, but to provide more specific guidelines where needed to interpret the Scope of Services outlined above.**

## **ACL RECONSTRUCTION**

For **pre-authorization** contact the **Case Management Unit at 714-634-5169 ext. 241** (North County), **ext. 249** (Central County), **ext. 248** (South County).

### **Covered**

**ONLY when the following criteria are met:**

1. Documented instability for a period of 6 months or more in essential activities of daily living \*
2. Gross multi-ligamentous disruption

\* **Essential activities of daily living do not include sports.**

### **Not Covered**

1. Repair of acute ACL injury
2. Rehabilitation to level of function beyond essential activities of daily living

## **ALLERGY**

### **Covered**

1. Acute dermatological reactions due to an autoimmune response
2. Pruritis
3. Respiratory distress related to obstructive bronchospasm
4. Acute allergic rhinitis
5. Food allergies that result in hypersensitivity reactions of a life threatening nature

### ***Excluded:***

*Allergy testing, desensitization and related diet programs*

## **ANCILLARIES**

### **Covered**

Ancillary services may be reimbursable if provided in an MSI contracting hospital. In rare instances, reimbursement for Free-Standing Ancillaries (in-County) may be approved on the basis of the following criteria:

1. Procedure is approved by Medi-Cal
2. The Medical Review Committee confirms that:
  - a) The procedure is medically necessary and is the most effective method of treatment, and
  - b) Is within the MSI Scope of Service, and
  - c) Is not available through an MSI contracting hospital

Reimbursement for the technical component will be made from the Hospital Pool by transferring the dollars from the Hospital to the Home Health account and paying the fee in one installment based on the estimated total reimbursement rate for the previous fiscal year. Reimbursement for the professional component will be from the Physicians' Pool.

**Note:** Reimbursement rates should not exceed those paid to Orange County contracting hospitals if the services were available from a contracting hospital.

## **AUDIOMETRY**

### **Covered**

Audio metric tests when done in conjunction with other diagnostic procedures to determine cause of acute symptomatology. Examples of symptomatology include:

1. Vertigo
2. Acute pain with loss of hearing
3. Infection with loss of hearing

## APPENDIX A.1 - continued

4. Symptoms associated with acoustic neuroma or Meniere's disease
5. Acute post-traumatic hearing loss
6. Acute hearing deficit associated with the use of pharmaceuticals

### ***Excluded:***

- ◆ *Routine audiometry tests for screening, or to determine need for hearing aids*
- ◆ *Hearing aids*

## **AUTOLOGOUS BLOOD DONATION**

### **Covered**

In preparation for surgery when:

1. Surgery is within the Scope of the MSI Program
2. Blood donation is done in an MSI contracting hospital

## **CARPEL TUNNEL SYNDROME**

For **pre-authorization** contact **the Case Management Unit at 714-634-5169 ext. 241** (North County), **ext. 249** (Central County), **ext. 248** (South County).

### **Covered**

1. Conservative treatment
2. Surgical intervention (as an outpatient) when the patient has the following conditions:
  - a) Both day and night symptoms
  - b) Documented failure of medical management including splinting and corticosteroid injections

## APPENDIX A.1 - continued

- c) Documented atrophy of muscles of hand associated with syndrome
- d) Fibrillation tendencies on EMG
- e) Definite motor weakness symptoms, e.g., short thumb abduction-opposition
- f) Objective motor involvement documented by the EMG or motor function tests

### ***Excluded:***

*Duplicated diagnostic testing by neurologist.*

## **CATARACTS**

### **Covered**

When one or more of the following conditions exist:

1. Corrected vision in better eye is less than 20/70. Exceptions include complications that are present or anticipated due to type or location of cataract.
2. Cataracts with potential complications such as:
  - a) Potential rupture of eye
  - b) Potential loss of eye
  - c) Glaucoma
  - d) Post-maturity degeneration
3. Central cataract associated with grossly impaired night and/or close vision
4. Cataract in both eyes with impairment of near vision at an uncorrectable level greater than J-3\*. An ophthalmologist's statement that near vision is significantly impaired or that there is an associated or impending glaucoma related to the cataracts.

## APPENDIX A.1 - continued

- \* Jaeger's test. A near vision test consisting of seven different sizes of ordinary printer's type imprinted on a card.

**Note:** The patient's preoperative history and physical with visual fields are required for processing of claims.

### **CHRONIC OBSTRUCTIVE PULMONARY DISEASES**

#### **Covered**

1. Diagnostic testing and treatment
2. Respiratory therapy including oxygen and necessary supplies (See O<sub>2</sub> requirements, Durable Medical Goods, p. 36 - 38)

#### ***Excluded:***

*Allergy work-up and desensitization*

### **DENTAL SERVICES**

#### **Covered**

1. Only services as described below when required for alleviation of acute pain or immediate diagnosis and treatment of unforeseen dental conditions which, if not immediately diagnosed and treated, would lead to serious deterioration of health, disability or death
2. Assessment of pain and/or infection
3. Treatment by extraction

#### **Extractions:**

- a) When indicated for pain, abscess, or dental caries

## **APPENDIX A.1 - continued**

- b) Of impacted teeth only when infection, abscess, pain or edema is documented
  - c) Treatment with medication for relief of pain or infection (see Medi-Cal Formulary)
4. Treatment by other procedures:
- a) If justified by medical diagnosis (e.g., trauma, cardiovascular disease, chronic renal disease, immunosuppressed conditions) or,
  - b) If absence of dental treatment would result in significant disability or a life-threatening medical condition

### ***Excluded:***

- ◆ *Treatment of periodontal disease*
- ◆ *Treatment of TMJ syndrome*
- ◆ *Dentures*
- ◆ *Fillings, crowns, root canals and dental implants*
- ◆ *Orthodontics*
- ◆ *Cosmetic procedures*

## **DERMATOLOGY**

### **Covered**

1. Treatment of skin conditions due to:
- a) Desquamation, exfoliation or devitalization
  - b) Acute immune or allergic response
  - c) Infection (including sexually transmitted diseases, e.g., venereal warts, molluscum contagiosum and herpes simplex)
  - d) Parasitic infestation



## APPENDIX A.1 - continued

- e) Injury to skin or appendages due to actinic or toxic exposure
- 2. Malignancy - to include biopsy or excision of suspected lesions
- 3. Diagnostic evaluation of systemic illness with skin manifestations

### ***Excluded:***

- ◆ *Common warts*
- ◆ *Benign skin conditions*
- ◆ *Routine acne care*
- ◆ *Routine psoriasis*

## **DIABETES MELLITUS**

### **Covered**

- 1. Diagnostic testing and treatment
- 2. Home testing supplies for blood and urine
- 3. Electronic glucometers and supplies for insulin dependent diabetics requiring frequent and accurate home testing (See Durable Medical Goods, p. 37)
- 4. Annual physical examination to identify complications of diabetes.
- 5. Laser surgery for diabetic retinopathy.

### ***Excluded:***

*Eyeglasses*

### **DURABLE MEDICAL GOODS**

Providers of Durable Medical Goods must have a contract with the Medical Services for Indigents (MSI) Program to receive reimbursement. For information on how to become a contracted provider please call the County's Contracts Development Department at (714) 834-5809 and ask to speak to the MSI Contract Manager. All Durable Medical Goods are paid at Medi-Cal rates. Rental payments are made up to (and do not exceed) the purchase prices of the equipment item.

For **pre-authorization** contact the **Case Management Unit at 714-634-5169, ext. 241** (North County), **ext. 249** (Central County), **ext. 248** (South County).

#### **Covered**

1. Items such as wheelchairs and walkers when clinically indicated
2. Supplies for ostomy care, wound care, diabetic monitoring and treatment

#### **Braces:**

- a) Off-the-shelf
- b) Custom orthopedic braces including cast braces

#### **C.P.A.P. (Continuous Positive Airway Pressure):**

ONLY when symptomatology and documented clinical evidence substantiates significant deterioration of health.

Documented clinical evidence must include:

- 15 apneic episodes/hour
- < 84% O<sub>2</sub> saturated level.

#### **C.P.M. (Continuous Passive Motion) Equipment:**

For two weeks post discharge after joint surgery, could be longer with documentation to substantiate need.

#### **Electronic Bone Stimulation:**

Approval based upon:

## **APPENDIX A.1 - continued**

- a) Current x-rays (and x-rays taken at the time of the original injury)
- b) Six-months nonunion
- c) History and physical

### **Glucometer:**

Diabetics with any of the following:

- a) Uses insulin at least twice per day
- b) History of frequency of hypoglycemia or hyperglycemia
- c) Poor control with complications such as renal, ophthalmologic, neuropathic, cardiovascular or infections

### **O<sub>2</sub> Therapy: (Per Medi-Cal/Medicare Guidelines)**

- a) Payment per month based on rate of 2L/min continuous
  - b) Portable O<sub>2</sub> (E tank) for exercise activity limited to two tanks per month
  - c) Liquid O<sub>2</sub> concentrator
  - d) Large O<sub>2</sub> tanks (H tank)
- } One or the other

### **Prosthetic Devices:**

- a) Appliances necessary for the restoration of function or replacement of body parts
- b) When prescribed by a licensed physician
- c) When provided by a prosthetist, orthotist or a licensed physician

## APPENDIX A.1 - continued

**Note:** Reimbursement (post-amputation) is only available for one permanent prosthetic device. It is advisable to delay fitting (of the prosthesis) until maximum shrinkage has occurred.

***Excluded:***

- ◆ *T.E.N.S. Unit*
- ◆ *Disposable diapers*
- ◆ *Disposable underpads*
- ◆ Food supplements

### **EMERGENCY MEDICAL TRANSPORTATION**

**Covered**

1. Emergency medical transportation to contracting hospital.
2. Special permit transfers between contracting hospitals (See Transfer Policy, p. 20 - 22).

***Excluded:***

*Non-emergency medical transportation*

### **EMERGENCY ROOM VISIT**

**Covered**

1. Initial assessment and evaluation when objective data confirms a diagnosis that meets MSI's coverage parameters (To protect life and to prevent disability that would result in permanent and significant impairment of function).
2. Medically necessary diagnostic tests and treatments. (see 1)

### **GYNECOLOGY**

For **pre-authorization** contact **the Case Management Unit at 714-634-5169 ext. 241** (North County), **ext. 249** (Central County), **ext. 248** (South County).

## APPENDIX A.1 - continued

### Covered

1. Diagnosis and treatment of acute and chronic symptoms, which if left untreated, would lead to significant disability or serious deterioration of health. Symptoms may include:
  - a) Pain.
  - b) Bleeding with Hgb less than 10 mg/dl
  - c) Infection
  - d) Neoplasms
  - e) Space occupying lesions
  - f) Endocrinologic dysfunction's
2. Treatment may include, but is not limited to:
  - a) D & C
  - b) Excision of lesions and/or neoplasms
  - c) Hysterectomy.

**Hysterectomy:** May be reimbursable when one of the following is documented:

- Uncontrolled excessive bleeding with Hgb < 10gm% or Hct < 29 Vol %
- Pre-malignant and malignant conditions of cervix
- Fibroids of the uterus which are either:
  - ❖ **Acute symptomatology** - causing bladder pressure, abnormal bleeding, bladder or bowel compression, or chronic pelvic pain
  - ❖ Asymptomatic - 12 cm. in diameter
- Evidence of malignant disease of the pelvic structures.
- Pre-malignant lesions of the uterine endometrium.

## APPENDIX A.1 - continued

- Recurrent, severe, PID or endometriosis not responsive to conservative management.
- Uterine prolapse of Grade III or greater or cystocele/rectocele of Grade III or greater with persistent incontinence of stool/flatus or persistent bladder infection with incontinence over six months in duration

### ***Excluded:***

- ◆ *Pregnancy*
- ◆ *Pregnancy-related condition (See p. 53)*
- ◆ *Tubal ligations*
- ◆ *Elective A & P repairs*
- ◆ *Hormone Replacement Therapy*

**Note:** Patients should be advised to apply for Medi-Cal benefits if pregnant.

## **HEMORRHOIDECTOMY**

### **Covered**

When conservative management fails to alleviate the following:

1. Excessive bleeding that causes hemodynamic instability
2. Acute Thrombosis - incision and drainage only

## **HERNIA REPAIR**

For **pre-authorization** contact **the Case Management Unit at 714-634-5169 ext. 241** (North County), **ext. 249** (Central County), **ext. 248** (South County).

### **Covered**

1. Incarcerated hernia (non-reducible)
2. Strangulated hernias

## APPENDIX A.1 - continued

3. Hernias which if left untreated would result in serious deterioration of health, significant disability, or death

### ***Excluded:***

- ◆ *Simple hernias*
- ◆ *Other uncomplicated hernias*

## **HOME HEALTH**

For **pre-authorization** contact **the Case Management Unit at 714-634-5169 ext. 241** (North County), **ext. 249** (Central County), **ext. 248** (South County).

The following guidelines for service are the maximum allowable for 30 days based upon diagnosis.

### **Skilled Nursing Care**

Six (6) visits maximum

**Exception** : *IV antibiotic therapy*

### **Physical and/or Occupational Therapy**

- a) Must be homebound: with adequate progress documented
- b) Total of eight (8) visits

### **Speech Therapy**

- a) Must be homebound: with adequate progress documented
- b) Total of eight (8) visits

### ***Excluded:***

*Services provided by Home Health Aides or Social Workers.*

## APPENDIX A.1 - continued

### **JOINT REPLACEMENT CRITERIA**

For **pre-authorization** contact the **Case Management Unit at 714-634-5169 ext. 241** (North County), **ext. 249** (Central County), **ext. 248** (South County).

#### **Covered**

On an exception basis when one or more of the following criteria are met:

1. Rheumatoid or osteoarthritis results in severe pain not responsive to conservative management, and requires use of crutches or walker for a period of 6 months or more.
2. Failed prosthesis
3. Avascular necrosis (same criteria as #1)

Claims must be accompanied by:

1. **Medi-Cal long-term disability evaluation denial**
2. Diagnostic imaging reports
3. Clinical findings documented on case record
4. Documentation indicating failed conservative management

### **MENTAL HEALTH**

#### **Covered**

Only acute psychiatric evaluation as required for Emergency Room triage, i.e., to determine if there is an underlying psychiatric problem that caused or is contributing to the presenting medical anomaly.

#### ***Excluded:***

*Inpatient and Outpatient Mental Health, Drug Abuse and Alcohol Services. These services are available to MSI patients through the Orange County Health Care Agency. Patients pay for services based on a sliding fee scale.*



## **APPENDIX A.1 - continued**

For general information regarding mental health, drug abuse and alcohol services call (714) 834-4722.

See the MSI Brochure (Appendix M) for specific service locations.

### **M. R. I. (Magnetic Resonance Imaging)**

#### **Covered**

With supporting documentation (not limited by anatomical sites, but by pathology).

### **NASAL SUBMUCOUS RESECTION**

#### **Covered**

When the following conditions are present:

1. Acute injury with:
  - a) Loss of alar bridge
  - b) **Septal deviation - which results in significant breathing impairment**
2. Neoplasm
3. Hemorrhage
4. Infectious process (not controlled with conservative management)

#### ***Excluded:***

*Cosmetic repair*

### **OBSTRUCTIVE SLEEP APNEA**

#### **POLYSOMNOGRAPHY**

#### **Covered**

When one or more of the following criteria are met:

## **APPENDIX A.1 - continued**

1. Documented history of frequent awakening during sleep, excessive daytime somnolence, and severe sleep disturbances unexplained by physical evidence
2. COPD when awake PaCO<sub>2</sub> > 55mm Hg and complicated by pulmonary hypertension, right heart failure, or polycythemia
3. Respiratory control disturbances when awake PaCO<sub>2</sub> > 45mm Hg or when complicated by pulmonary hypertension, polycythemia, disturbed sleep, morning headache, or daytime somnolence and fatigue
3. Nocturnal cyclic bradytachyarrhythmias, nocturnal abnormalities of A-V conduction, and ventricular ectopy during sleep increasing with wakefulness. (Holter or inpatient cardiac monitoring documentation).

### **Treatment:**

**ONLY** when symptomatology and documented clinical evidence substantiates significant deterioration of health. Examples include, > 15 apneic episodes/hour, < 84% O<sub>2</sub> saturation level and/or cardiac arrhythmias.

## **OPHTHALMOLOGIC SERVICES**

### **Covered**

1. Ophthalmologic or retinologic evaluations
2. Treatment for diseases or injuries to the eye
3. Lens implant or lenticular eyeglasses following cataract surgery
4. Laser surgery for diabetic retinopathy
5. Annual exam for diabetics
6. Ocular prosthesis

### ***Excluded:***

- ◆ *Eyeglasses and routine refractions*

## APPENDIX A.1 - continued

- ◆ *Radial Keratotomy*
- ◆ *Optometry services*

### **OUT OF COUNTY SERVICES**

The MSI Program does not cover services provided outside of Orange County. In rare instances, Out-of-County services may be approved based upon the following criteria:

The Medical Review Committee must confirm all of the following:

1. The procedure is medically necessary and is the most effective method of treatment
2. It is within the MSI Scope of Service
3. It is not available in Orange County
4. It is not experimental/investigative in nature

Reimbursement for the technical component will be made from the Hospital Pool by transferring the dollars from the Hospital Pool to the Home Health account and paying the fee in one installment based on the estimated total reimbursement rate for the previous fiscal year. Reimbursement for the professional component will be from the Physicians' Pool.

**Note:** Reimbursement rates should not exceed those paid to Orange County contracting hospitals if the service(s) were available in the County.

### **PHARMACY**

#### **Covered**

1. Medications on the Medi-Cal Drug Formulary which are necessary to protect life, to prevent significant disability, or to prevent serious deterioration of health

## **APPENDIX A.1 - continued**

2. Non-formulary drugs are covered on an exception to the rule basis. See p 14 - 15, and Appendix D
3. Ancillary Pharmacy Items (Limited to three-month supply):
  - a) Home I.V. therapy: Standard equipment
  - b) Customary colostomy care items.
  - c) Usual and necessary items needed for wound care, dressings, tape, etc
  - d) Diabetic materials: insulin syringes, urine and blood testing materials

### ***Excluded:***

- ◆ *Therapeutic Drug classifications excluded from the MSI Formulary (See Appendix D)*
- ◆ *Over the counter medications*

**Note:** Narcotics and medications that contain narcotic substances are considered for reimbursement on a case by case basis. Submission of a MSI Drug Authorization Request form is required. (See p. 65).

## **PHYSICAL THERAPY**

### **Covered**

Exercise modalities only when service is billed through a contracting hospital, a Home Health Care Agency, or the treating orthopedist's office. When billed through the physician's office, the physician's tax I.D. number must be listed.

### ***Excluded:***

- ◆ *Hot packs*
- ◆ *Massage*
- ◆ *Ultrasound*

### **PHYSICIAN OFFICE VISIT**

#### **Covered**

1. Initial visit for evaluation of signs and symptoms
2. Examination
3. Diagnostic tests and documentation to substantiate need
4. Treatment with documentation to demonstrate appropriateness
5. Necessary follow-up care

**Note:** Physician must sign office records when submitted to Fiscal Intermediary for support of claims payment.

### **PLASTIC AND RECONSTRUCTIVE SERVICES**

#### **Covered**

Plastic and reconstructive services to correct functional disorders following recent injury or a surgical procedure (that falls within the scope of the MSI Program).

Prosthetic devices and reconstructive surgery for mastectomies performed after July 1, 1980.

### **PODIATRY**

#### **Covered**

Assessment and treatment of acute injury or infection of the foot.

#### ***Excluded:***

*Podiatry services such as, but not limited to:*

- ◆ *Trimming of nails*
- ◆ *Treatment of plantar wart, callus and/or bunion*

**Note:** The Medical Review Committee reviews all podiatry claims.

### **PREGNANCY-RELATED CONDITIONS**

#### **Covered**

Complications of a pregnancy for a person who is no longer pregnant. **Only when the patient does not qualify for Medi-Cal.** Complications may include:

1. Control of infection and bleeding
2. Medically necessary surgical repairs
3. Medically necessary ancillary and pharmacy items

#### ***Excluded:***

- ◆ *Pregnancy*
- ◆ *Birth control*
- ◆ *Treatment for dysmenorrhea of "primary" type*
- ◆ *Diagnostic and therapeutic services for male and female infertility.*

### **PROSTHETIC DEVICES**

For **pre-authorization** contact the **Case Management Unit at 714-634-5169, ext. 241** (North County), **ext. 249** (Central County), **ext. 248** (South County).

#### **Covered**

See Durable Medical Goods (p. 36 - 38).

### **PSYCHIATRIC AND DETOXIFICATION SERVICES**

#### **Covered**

1. Medically necessary treatment of acute symptoms of alcohol or drug ingestion and/or withdrawal

## **APPENDIX A.1 - continued**

2. Only acute initial psychiatric evaluation as required for Emergency Room triage, i.e., to determine if there is an underlying psychiatric problem that caused or is contributing to the presenting medical anomaly

### ***Excluded:***

*Mental health, social work and alcohol related services. These services are provided through the Orange County Health Care Agency.*

## **SURGERY OF SPINE AND SPINAL CORD**

For **pre-authorization** contact the **Case Management Unit at 714-634-5169 ext. 241** (North County), **ext. 249** (Central County), **ext. 248** (South County).

### **Covered**

1. Emergency treatment of conditions resulting from trauma which, if left untreated, would result in permanent and significant impairment of function
2. Spinal surgery when records indicate one or more of the following:
  - a) Cauda equina Syndrome
  - b) Cervical spine disease with long tract signs (e.g., clonus, positive Babinski, myelopathy, loss of bowel and bladder function and hyperreflexia)
  - c) Severe back pain. In presence of objective spinal abnormality (e.g., spinal mass such as tumor or infection).
  - d) Persistent radiculopathy with evidence of neurological progression.

**Note: All claims for reimbursement must include:**

- ❖ **Complete history and physical.**
- ❖ **Pre-operative office records.**

3. Results of all diagnostic studies, including radiology reports (e.g., C.T., M.R.I., or Myelogram).

## **APPENDIX A.1 - continued**

4. Copy of all consultations.
5. Any other information that would support need for surgery.

### **SURGICAL INTERVENTION FOR EPILEPSY**

#### **Covered**

When the following criteria are met:

1. Patient is diagnosed with intractable seizures
2. Documentation supports failure of conservative management
3. Surgery is performed at an MSI contracting hospital. An exception to this rule may be made when the procedure is not available within Orange County.

#### ***Excluded:***

*Experimental diagnostic procedures*

### **TONSILLECTOMY**

#### **Covered**

When one or more of the following conditions exists:

1. Clinical evidence of a least three pharyngeal (B-Hemolytic-Group A) streptococcal infections in a twelve month period
2. Peri-tonsillar abscess
3. Suspected malignancy
4. Infection of throat/tonsil, which is known to be related to recurrent ear infections. Infection must be documented at least three times within a twelve-month period of time.
5. Concomitant disease where an acute streptococcal infection may exacerbate the disease process.



## **APPENDIX B**

### **MSI FRAUD AND RECOVERY PROGRAM**

The Medical Services for Indigents Program is a program with limited resources. In order to maximize reimbursement rates, providers of care need to collect from any liable third party payer for medical services provided to an eligible client. Third party payers include Medi-Cal, Workers Compensation, liability lawsuits, and private insurance. Maximization of reimbursement rates benefit both the provider and MSI Program.

In cases where an MSI client receiving medical services has another source of health insurance, providers must bill the insurance carrier prior to billing MSI. Once the provider receives an Explanation of Benefits (E.O.B.) from the other insurance carrier, the MSI Program may be billed for the balance of the total charges. MSI payment will be made as necessary to bring reimbursement from all sources up to the level paid if MSI were the sole source of payment. Claims submitted for MSI clients who have other insurance coverage will be denied unless proof of other coverage denial or Explanation of Benefits is submitted to the Fiscal Intermediary.

If any Provider receives reimbursement from a primary other insurance for services reimbursed through the MSI Agreement between the Fiscal Intermediary and the County of Orange, such provider shall reimburse Intermediary an amount equal to the MSI payment or the primary other insurance payment, which ever is less.

If a provider receives Medi-Cal reimbursement for services reimbursed through the MSI Agreement between the Fiscal Intermediary and the County of Orange, such provider shall reimburse Intermediary any amount paid by Intermediary to the provider for such service.

In cases where an MSI client receives a liability settlement, the providers may pursue collection of 100% of their allowed charges. The Fiscal Intermediary and the MSI Fraud and Recovery Department must be notified of any third party settlement. If any provider receives reimbursement from a third-party settlement for services reimbursed through the MSI Agreement between the Fiscal Intermediary and the County of Orange, such provider shall reimburse Intermediary the amount by which total payments from all sources exceed allowable charges. Providers need to submit documentation of third party recovery to the Fiscal Intermediary. The reimbursed funds are deposited into an interest bearing account and are used to enhance final provider payments.

## APPENDIX B - continued

**Note:** All providers shall provide Intermediary such records and documentation as Intermediary may reasonably require to maintain centralized data collection and referral services in support of third-party revenue recovery activities.

Providers who have concerns about possible patient fraud may call and leave information on the  
**MSI Program's confidential Fraud line at:  
714-834-3557, option 5.**

## APPENDIX C

### PATIENT REFERRALS TO THE MSI PROGRAM BY OUTPATIENT PROVIDERS

The purpose of this procedure is to give Providers of Service information on how to screen and refer patients to the MSI Program for eligibility determination. Patients, who are not currently eligible to the MSI or Medi-Cal programs and have no other resource for medical care, may be referred for MSI eligibility screening.

Appointments to apply for the MSI Program are made by calling the MSI Liaison at an MSI contracted hospital or qualified community clinic (**See Appendix E**):

- Where the provider is on staff, or
- The patient is to receive treatment, or
- The contracting hospital or qualified community clinic closest to the patient's home.

#### **I. Outpatient Provider Role:**

1. Contacts the MSI liaison at a contracting hospital or qualified community clinic to arrange an appointment for the patient to apply for MSI benefits, **or**
2. Instructs the patient to contact the MSI liaison
3. Obtains status of patient's MSI Eligibility by calling the Eligibility Information Line, the MSI Patient/Provider Relations Office or the current Fiscal Intermediary, AIA.

**Note: Providers of Service should take steps to obtain eligibility information to insure timely billing.**

#### **II. Patient Role:**

1. Keeps appointment with the hospital or community clinic liaison and brings all necessary paperwork to complete application process.
2. Notifies all Providers of Service of the final disposition of the MSI application

**III. Hospital/Community Clinic Staff Role:**

1. Gives an appointment to the patient for MSI eligibility screening and informs patient of necessary paperwork needed at time of appointment
2. Takes the MSI application
3. Forwards the completed application to the MSI Unit of the Social Services Agency

**IV. MSI Unit of the Social Services Agency Staff Role:**

1. Evaluates the MSI application for completed information
2. Verifies information on the MSI application
3. Determines eligibility status

**V. Fiscal Intermediary Staff Role:**

1. Processes claims from providers of service for MSI eligibles
2. Mails a weekly eligibility status report to hospitals and qualified community clinics of all eligibility actions taken during that week

## APPENDIX D

### 1. DRUG FORMULARY FOR MEDICAL SERVICES FOR INDIGENTS (General Information)

The MSI Program currently utilizes the Medi-Cal Drug Formulary, modified to exclude drugs that are within therapeutic classifications that are outside the Scope of the MSI Program and over the counter medications.

a) **Covered**

Medications necessary to sustain life, to prevent significant disability, and/or prevent serious deterioration of health

b) **Amounts of Medications Dispensed**

Limited to eight prescriptions per month. Generic medications should be used whenever possible and appropriate.

c) **Unlisted Medications**

Medications not listed in the drug formulary may be reimbursable subject to retrospective review by the Medical Review Committee.

d) **Ancillary Pharmacy Items**

Limited to three-month supply per prescription

- Home I.V. therapy: Standard equipment
- Customary colostomy cares items
- Usual and necessary items needed for wound care, e.g., dressings, tape, etc.
- Diabetic materials: Insulin syringes and testing materials

## APPENDIX D - continued

### 2. MSI DRUG FORMULARY – THERAPEUTIC CLASSIFICATION

Therapeutic Class		Exc		Therapeutic Class		Exc
	<b>Excluded Class = X in Exc</b>					
000000	AHFS Category Unknown	X	<sup>2</sup> / <sub>4</sub>	240400	Cardiac Drugs	
040000	Antihistamine Drugs	X		240600	Antilipemic Agents	X
080000	Anti-Infective Agents			240800	Hypotensive Agents	
080400	Amebicides			241200	Vasodilating Agents	
080800	Anthelmintics			241600	Sclerosing Agents	
081200	Antibiotics			280000	Central Nervous System Agents	
081202	Aminoglycosides			280400	General Anesthetics	
081204	Antifungal Antibodies			280800	Analgesics and Antipyretics	
081206	Cephalosporins			280804	Nonsteroidal Anti-Inflammatory Agents	
081207	Miscellaneous B-Lactam Antibiotics			280808	Opiate Agonists	
081208	Chloramphenicol			280812	Opiate Partial Agonists	
081212	Marcrolides			280892	Miscellaneous Analgesics and AntiPyretics	
081216	Penicillins			281000	Opiate Antagonists	
081224	Tetracyclines			281200	AntiConvulsants	
081224	Miscellaneous Antibiotics			281204	Barbiturates	
081600	Antituberculosis Agents			281208	Benzodiazepines	X
081800	Antivirals			281812	Hydantoins	
082000	Antimalarial Agents			281216	Oxazolidinediones	
082200	Quinolones			281220	Succinimides	
082400	Sulfonamides			281292	Miscellaneous AntiConvulsants	X
082600	Sulfones			281600	Psychotherapeutic Agents	X
082800	Antitreponemal Agents			281604	Antidepressants	X
083200	Antitrichomonal Agents			281608	Tranquilizers	X
083600	Urinary Anti-Infectives			281612	Miscellaneous Psychotherapeutic Agents	X
084000	Miscellaneous Anti-Infectives			282000	Respiratory and Cerebral Stimulants	X
100000	Antineoplastic Agents			282400	Anxiolytic, Sedatives and Hypnotics	X
120000	Autonomic Drugs			282404	Barbiturates	X
120400	Parasympathomimetic (Cholinergic Agents)			282408	Benzodiazepines	X
120800	Anticholinergic Agents			282492	Misc. Anxiolytics, Sedatives and Hypnotics	X
120804	Antiparkinsonian Agents			282800	Antimanic Agents	X
120808	Antimuscarinics/Antispasmodics			320000	Contraceptives (e.g. Foams, Devices)	X
121200	Sympathomimetic (Adrenergic) Agents			340000	Dental Agents	X
121600	Sympatholytic Adrenergic Blocking Agents			360000	Diagnostic Agents	X
122000	Skeletal Muscle Relaxants			360400	Adrenocortical Insufficiency	
129200	Miscellaneous Autonomic Drugs			360800	Amyloidosis	
160000	Blood Derivatives			361200	Blood Volume	
200000	Blood Formation and Coagulation			361600	Brucellosis	
200400	Antianemia Drugs			361800	Cardiac Function	
200404	Iron Preparations			362400	Circulation Time	
200408	Liver and Stomach Preparations			362600	Diabetes Mellitus	
201200	Coagulations and AntiCoagulations			362800	Diphtheria	
201204	Anticoagulations			363000	Drug Hypersensitivity	
201208	AntiHeparin Agents			363200	Fungi	
201212	Coagulants			363400	Gallbladder Function	
201216	Hemostatics			363600	Gastric Function	
201600	Hematopoietic Agents			363800	Intestinal Absorption	
202400	Hemorrhheologic Agents			364000	Kidney Function	
204000	Thrombolytic Agents			364400	Liver Function	
240000	Cardiovascular Drugs			364800	Lymphogranuloma Venereum	

## APPENDIX D - continued

### 2. MSI DRUG FORMULARY – THERAPEUTIC CLASSIFICATION – (cont'd)

Therapeutic Class		Exc	Therapeutic Class		Exc
	<b>Excluded Class = X in Exc</b>				
365200	Mumps		523200	Vasoconstrictors	
365600	Myasthenia Gravis		523600	Miscellaneous EENT Drugs	X
366000	Thyroid Function		560000	Gastrointestinal Drugs	
366100	Pancreatic Function		560400	Antacids and Absorbents	
366200	Phenylketonuria		560800	Antidiarrhea Agents	
366400	Pheochromocytoma		561000	AntiFlatulents	X
366600	Pituitary Function		561200	Cathartics and Laxatives	
366800	Roentgenography		561400	Cholelitholytic Agents	
367200	Scarlet Fever		561600	Digestants	
367600	Sweating		562000	Emetics	
368000	Trichinosis		562200	Antiemetics	
368400	Tuberculosis		562400	Lipotropic Agents	X
368800	Urine and Feces Contents		564000	Miscellaneous GI Drugs	
368812	Ketones		600000	Gold Compounds	
368820	Occult Blood		640000	Heavy Metal Antagonists	
368824	PH		680000	Hormone and Synthetic Substitutes	X
368828	Protein		680400	Adrenals	
368840	Sugar		680800	Androgens	X
380000	Disinfectants (For Non-Dermatologic Use		681200	Contraceptives	X
400000	Electrolytic, Caloric, and Water Balance		681600	Estrogens	X
400400	Acidifying Agents	X	681800	Gonadotropines	
400800	Alkalinizing Agents	X	682000	AntiDiabetic Agents	
401000	Ammonia Detoxicants		682008	Insulins	
401200	Replacement Preparations		682020	Sulfonylureas	
401600	Sodium-Removing Resins		682092	Miscellaneous Antidiabetic Agents	
401700	Calcium-Removing Resins		682400	Parathyroid	
401800	Potassium-Removing Resins		682800	Pituitary	
402000	Caloric Agents	X	683200	Progestins	X
402400	Salt and Sugar Substitutes	X	683400	Other Corpus Luteum Hormones	X
402800	Diuretics		683600	Thyroid and AntiThyroid Agents	
402810	Potassium Sparing Diuretics		683604	Thyroid Agents	
403600	Irrigating Solutions		683608	AntiThyroid Agents	
404000	Uricosuric Agents		720000	Local Anesthetics	
440000	Enzymes		760000	Oxytocics	X
480000	Antitussives, Expects & Mucolytics Agents		780000	Radioactive Agents	
480800	Antitussives		800000	Serums, Toxoids and Vaccines	X
481600	Expectorants		800400	Serums	X
482400	Mucolytic Agents		800800	Toxoids	X
520000	Eye, Ear, Nose and Throat (EENT) Preps		801200	Vaccines	X
520400	Anti-Infectives		840000	Skin and Mucous Membrane Agents	
520404	Antibiotics		840400	Anti-Infectives	X
520405	Antifungals		840404	Antibiotics	
520406	Antivirals		840406	Antivirals	
520408	Sulfonamides		840408	Antifungals	X
520412	Miscellaneous Anti-Infectives		840412	Scabicides and Pediculicides	
520800	Anti-Inflammatory Agents		840416	Miscellaneous Local Anti-Infectives	
521000	Carbonic Anhydrase Inhibitors		840600	Anti-Inflammatory Agents	

**APPENDIX D - continued**

**2. MSI DRUG FORMULARY – THERAPEUTIC CLASSIFICATION –(cont'd)**

Therapeutic Class		Exc	Therapeutic Class		Exc
	<b>Excluded Class = X in Exc</b>				
521200	Contact Lens Solutions	X	840800	Antipruritics and Local Anesthetics	
521600	Local Anesthetics		841200	Astringents	
522000	Miotics		841600	Cell Stimulants and Proliferants	X
522400	Mydriatics		842000	Detergents	X
522800	Mouthwashes and Gargles	X	842400	Emollients, Demulcents, and Protectants	X
842404	Basic Lotions and Liniments	X			
842408	Basic Oils and Other Solvents	X			
842412	Basic Ointments and Protectants	X			
842416	Basic Powders and Demulcents	X			
842800	Keratolytic Agents	X			
843200	Keratoplastic Agents	X			
843600	Misc. Skin and Mucous Membrane Agents	X			
845000	Depigmenting and Pigmenting Agents	X			
845004	Depigmenting Agents	X			
845006	Pigmenting Agents	X			
848000	Sunscreen Agents	X			
860000	Smooth Muscle Relaxants	X			
860800	Gastrointestinal Smooth Muscle Relaxants				
861200	Genitourinari Smooth Muscle Relaxants				
861600	Respiratory Smooth Muscle Relaxants				
880000	Vitamins	X			
880400	Vitamin A	X			
880800	Vitamin B Complex	X			
881200	Vitamin C	X			
881600	Vitamin D	X			
882000	Vitamin E	X			
882400	Vitamin K Activity	X			
882800	Multivitamin Preparations	X			
920000	Unclassified Therapeutic Agents	X			
940000	Devices	X*			
*	Blood Glucose Measuring Devices				
*	Diabetic Supplies				
*	Insulin Syringes and Needles				
*	IV Administration Supplies				
*	Ostomy Supplies				
*	Suction Supplies				
*	Wound Care Supplies				
960000	Pharmaceutical Aids	X*			
*	Alcohol/Alcohol Swabs				
*	<b>These items are paid as an exception to the therapeutic class</b>				
	<b>All over the counter drugs are excluded</b>				



**MSI DRUG AUTHORIZATION REQUEST**  
**CONFIDENTIAL PATIENT INFORMATION**  
\* \* Illegible or Incomplete forms will be returned \* \*

FAX TO: (714) 634-1486

AIA PHONE NUMBER: (714) 634-1321

URGENT REQUEST ? (check here) ☐

Date of Request:	Patient Name (last, first, MI):	Patient ID Number:
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	DOB:	Phone #: (   )
Name of Member's Health Plan:		

PRINT Physician Name:	MD Office Contact Person:
Physician DEA or State Lic #:	MD Phone #:
Signature:	MD Fax #:
Physician's Specialty:	

Pharmacy Name:	Pharmacy Fax Number: (   )
Pharmacy Contact:	Pharmacy Phone Number: (   )
	Pharmacy NABP#

<b>MEDICATION REQUEST</b>		
Drug Name & Strength:	Qty:	Days Supply:
Directions for use (Sig):	Refills:	NDC#:
Expected duration of therapy:		
Date of Service:	<input type="checkbox"/> NEW therapy OR <input type="checkbox"/> CONTINUING therapy (Original Rx date: _____)	

<b>MEDICAL JUSTIFICATION</b> (All four areas in this section <b>MUST</b> be completed by member's healthcare provider or Pharmacist)
Diagnosis (for requested drug and all relevant Dx):
Current Medication(s):
Formulary Drugs Tried & Failed:
MEDICAL JUSTIFICATION:

<b>FOR MSI USE ONLY</b>		
Approved _____ Denied _____ Deferred for Additional Information _____ Approved As Modified _____ Pt. Not Eligible _____		
COMMENTS: _____		
Authorizing Signature: _____	Date: _____	
NDC	VALID:	EXPIRES:

## APPENDIX D - continued

### 3. NON-FORMULARY DRUGS

The Medical Services for Indigents (MSI) Program utilizes a modified Medi-Cal Drug Formulary. Non-formulary drugs are covered on an exception to the rule basis. The MSI Program in those instances may cover a non-formulary drug when one of the following conditions is present:

All formulary options are ineffective, **or** there is an overwhelming case need, and the diagnosis is within the scope of the MSI Program **and** **is** consistent with the prescription.

If a physician wants to request that MSI pay for a non-formulary drug, **and** one of the above mentioned conditions is present, he or she must complete a Drug Authorization Request form. (**See Appendix D**). The MSI Program's Medical Review Committee determines the payability of all non-formulary drug requests. Their decisions are final and binding. The committee meets the fourth Wednesday of each month. In order for a request to be placed on the agenda for a particular month, the respective form must be completed and received no later than the Thursday preceding the committee meeting.

The procedure for submission of the non-formulary drug request form is as follows:

- a) Ask prescribing physician to confer with the pharmacist to determine if a formulary drug may be substituted. If not, have physician complete the form in its entirety.
- b) Include the patient's name, social security number, diagnosis and any other information regarding the patient's condition that may assist the Medical Review Committee to render a decision. This information may include lab results and the failure of other therapeutic agents. **Writing must be legible.**
- c) Submit the non-formulary drug request as indicated on the respective form.

**Important Note:** **Drugs available over the counter are not payable by the MSI program.**

**APPENDIX E**  
**MSI CONTRACTING HOSPITALS**

**Anaheim General Hospital**  
3350 W. Ball Road  
Anaheim, CA 92804  
(714) 220-4556

**Brea Community Hospital**  
380 W. Central Avenue  
Brea, CA 92821  
(714) 671-5424 ext. 191

**Coastal Communities Hospital**  
2701 South Bristol Street  
Santa Ana, CA 92704  
(714) 754-5454

**Garden Grove Hospital and Medical Center**  
12601 Garden Grove Boulevard  
Garden Grove, CA 92843  
(714) 741-2713

**Huntington Beach Hospital and Medical Center**  
17772 Beach Boulevard  
Huntington Beach, CA 92647  
(714) 842-1473

**Kaiser Permanente**  
441 N. Lakeview Avenue  
Anaheim, CA 92807  
(714) 279-4072

**Long Beach Memorial Medical Center**  
2801 Atlantic Avenue  
Long Beach, CA 90806  
(562) 595-2311  
(Trauma Only)

**Mission Hospital Regional Medical Center**  
27700 Medical Center Road  
Mission Viejo, CA 92691-8426  
(949) 365-2116

**San Clemente Hospital and Medical Center**  
654 Camino De Los Mares  
San Clemente, CA 92673  
(949) 496-1122 x 4529

**St. Joseph Hospital-Orange**  
1100 W. Stewart Drive  
Orange, CA 92868  
(714) 771-8107

**Anaheim Memorial Medical Center**  
1111 W. La Palma Avenue  
Anaheim, CA 92801  
(714) 999-6161

**Chapman Medical Center**  
2601 E. Chapman Avenue  
Orange, CA 92869  
(714) 633-0011 x 1119 or 1210

**Fountain Valley Regional Hospital and Medical Center**  
17100 Euclid  
Fountain Valley, CA 92708  
(714) 966-3316

**Hoag Memorial Hospital Presbyterian**  
1 Hoag Drive, P. O. Box 6100  
Newport Beach, CA 92658-6100  
(949) 760-2316

**Irvine Medical Center**  
16200 Sand Canyon Avenue  
Irvine, CA 92618  
(949) 753-2125

**La Palma Intercommunity Hospital**  
7901 Walker Street  
La Palma, CA 90623  
(714) 670-6091

**Los Alamitos Medical Center**  
3751 Katella Avenue  
Los Alamitos, CA 90720  
(562) 799-3116

**Orange Coast Memorial Medical Center**  
9920 Talbert Avenue  
Fountain Valley, CA 92708  
(714) 378-7588

**South Coast Medical Center**  
31872 Coast Highway  
Laguna Beach, CA 92651-6775  
(949) 499-7154

**St. Jude Medical Center**  
101 E. Valencia Mesa Drive  
Fullerton, CA 92835  
(714) 992-3000 x 3341

## APPENDIX E - continued

**Tustin Hospital and Medical Center**  
14662 Newport Avenue  
Tustin, CA 92680  
(714) 838-9600 x 5892

**University of California – UCI Medical Center**  
101 The City Drive, Rte #62  
Orange, CA 92868  
(714) 456-5703 – E. R.

**West Anaheim Medical Center**  
3033 W. Orange Avenue  
Anaheim, CA 92804  
(714) 827-3000 x 7346

**Western Medical Center/Santa Ana**  
1001 North Tustin Avenue  
Santa Ana, CA 92705  
(714) 953-3409

**University of California – UCI Medical Center**  
101 The City Drive, Rte #62  
Orange, CA 92868  
(714) 456-6401 – Outpatient Registration

**University of California – UCI Medical Center**  
101 The City Drive, Rte #62  
Orange, CA 92868  
(714) 456-6324 – Customer Service

**Western Medical Center/Anaheim**  
1025 S. Anaheim Boulevard  
Anaheim, CA 92805  
(714) 533-6220 ext. 2922

**Western Medical Center/Santa Ana**  
1001 North Tustin Avenue  
Santa Ana, CA 92705  
(714) 953-3409

## APPENDIX E - continued

### Community Clinics

A list of community clinics in Orange County follows. Only some of the clinics take MSI Applications. Clinics that take MSI applications are identified by the symbol ♦

♦ <b>Camino Health Center</b> 33081 Calle Perfecto, Suite A; San Juan Capistrano, CA 92675	(949) 240-2272
♦ <b>Casa de Salud</b> 1515 South Broadway, Suite D; Santa Ana, CA 92707	(714) 285-9883
Clinica CHOC Para Ninos <i>Services to children</i> 406 South Main Street; Santa Ana, CA 92701	(714) 558-8811
♦ <b>Huntington Beach Community Clinic</b> 8041 Newman Avenue; Huntington Beach, CA 92647	(714) 847-4222
♦ <b>La Amistad Family Health Center</b> 353 South Main; Orange, CA 92868	(714) 771-8006
♦ <b>Laguna Beach Community Clinic</b> 362 Third Street; Laguna Beach, CA 92651	(949) 494-0761
Lestonnac Clinic 1215 E. Chapman Avenue; Orange, CA 92866	(714) 633-4600
♦ <b>Nhan Hoa Comprehensive Health Care Center</b> 14221 Euclid Street; Suite H-I, Garden Grove CA 92643	(714) 539-9999

## APPENDIX E - continued

### Community Clinics

Planned Parenthood <i>Administrative Office</i> 700 South Tustin; Orange, CA 92866	(714) 633-6373
Puente A La Salud <i>Services available only to agricultural workers and their families</i>	(714) 744-8801
Share Our Selves (SOS) 1550 Superior Avenue; Costa Mesa, CA 92627	(949) 650-0640
♦ <b>Sierra Health Center</b> 501 South Brookhurst Road; Fullerton, CA 92833	<b>(714) 870-0717</b>
St. Jude Medical Center Mobile Clinics <i>Services to North Orange County Sites</i>	(714) 446-7089
The Gary Center <i>Dental and mental health services only</i> 341 Hillcrest Street; La Habra, CA 90631	(562) 691-3263
♦ <b>UCI Family Health Center-Anaheim</b> 300 West Carl Karcher Way; Anaheim, CA 92805	<b>(714) 456-7002</b>
♦ <b>UCI Family Health Center-Santa Ana</b> 800 North Main Street; Santa Ana, CA 92701	<b>(714) 541-6545</b>
VNCOC Asian Health Center 5015 K-L West Edinger Avenue; Santa Ana, CA 92704	(714) 418-2040

♦ **Community Clinics that take MSI applications.**

## APPENDIX F

### **MSI AND MEDI-CAL COMPARISON**

The Medical Services for Indigents Program is an Orange County program that provides necessary medical services for persons between the ages of 21 and 64 who are not eligible to Medi-Cal and who have no other resource for medical care.

Medi-Cal is a State run program that provides Temporary Assistance to Needy Families (TANF), and medical services for persons who qualify for long term disability. The Medi-Cal Program provides a wider scope of services not limited to providers within Orange County.

The following services are covered by Medi-Cal but **excluded** from **MSI**:

- ❶ Pregnancy-related services, including complications of pregnancy
- ❷ Extended or long-term care facility services
- ❸ Adult day-care health services
- ❹ Acupuncture, chiropractic, optometry
- ❺ Hearing aids, eye glasses for refraction and eye appliances
- ❻ Prosthetic devices, orthotic appliances and other similar appliances, unless as part of the emergency service
- ❼ Non-acute dental services
- ❽ Non-emergency medical transportation services, including ambulance services in non-emergency situations
- ❾ Skilled nursing or intermediate cares services

Appropriately billing Medi-Cal for reimbursement for medical services conserves the fixed MSI funds. All MSI providers benefit from these savings. All reasonable efforts should be made when an applicant is identified as potentially disabled and eligible for Medi-Cal.

Medi-Cal disability applications forwarded to the Disability and Adult Programs (DADP) are processed more expeditiously if copies of medical records (particularly test results) are attached to the application. Records such as x-rays, laboratory results, copies of physical exams, operative reports, etc., speed up the DADP decision.

## APPENDIX F - continued

If a patient in an acute care facility is to be discharged to a long-term care facility, the Social Services Agency (SSA) Eligibility Technician should be contacted immediately to complete an application for Medi-Cal.

Occasionally, MSI and Medi-Cal applications are taken simultaneously. Persons initially admitted as MSI patients may be Medi-Cal eligible if their illness or injury results in long-term disability. In these cases, the SSA Eligibility Technician should be asked to take a Medi-Cal application based upon long-term disability. To qualify for this category, the State must determine that the patient will be disabled for a period of at least twelve (12) months. Certification of Medi-Cal eligibility takes approximately four (4) to six (6) months and sometimes longer.

There are some disabling conditions that allow for **presumptive** Medi-Cal eligibility. An application can be processed immediately at the local level if the patient's SSA Eligibility Technician is provided with medical documentation of one of the following:

**(see next page)**



## APPENDIX F - continued

No.	IMPAIRMENT CATEGORIES
1	Amputation of two limbs
2	Amputation of a leg at the hip
3	Allegation of total deafness
4	Allegation of total blindness
5	Allegation of bed confinement or immobility without a wheelchair, walker, or crutches, due to a longstanding condition—exclude recent accident and recent surgery
6	Allegation of a stroke (cerebral vascular accident) more than 3 months in the past and continued marked difficulty in walking or using a hand or arm
7	Allegations of cerebral palsy, muscular dystrophy or muscle atrophy and marked difficulty in walking (e.g., use of braces), speaking or coordination of the hands or arms
8	Allegation of diabetes with amputation of a foot
9	Allegation of Down syndrome
10	<p>Allegation of severe mental deficiency made by another individual filing on behalf of a client who is at least 7 years of age.</p> <p>For example, a mother filing for benefits for her child states that the child attends (or attended) a special school, or special classes in school, because of mental deficiency, or is unable to attend any type of school (or if beyond school age, was unable to attend), and requires care and supervision of routine daily activities.</p> <p><b>Note: “Mental deficiency” means mental retardation. This Presumptive Disability (PD) category pertains to individuals whose dependence upon others for meeting personal care needs (e.g., hygiene) and in doing other routine daily activities (e.g., fastening a seat belt) grossly exceeds age-appropriate dependence as a result of mental retardation.</b></p>
11	A child is age 6 months or younger and the birth certificate or other evidence (e.g., hospital admission summary) shows a weight below 1200 grams (2 pound 10 ounces) at birth.
12	Human immunodeficiency virus (HIV) infection. (See below for details on granting PD for HIV infection.)

## APPENDIX F - continued

13	<p>A child is age 6 months or younger and available evidence (e.g., the hospital admission summary) shows a gestational age at birth on the table below with the corresponding birth-weight indicated:</p> <table> <tr> <th><b>Gestational Age (in weeks)</b></th><th><b>Weight at Birth</b></th></tr> <tr> <td>37 – 40</td><td>Less than 2000 grams (4pounds, 6 ounces)</td></tr> <tr> <td>36</td><td>1875 grams or less (4 pounds, 2 ounces)</td></tr> <tr> <td>35</td><td>1700 grams or less (3 pounds, 12 ounces)</td></tr> <tr> <td>34</td><td>1500 grams or less (3 pounds, 5 ounces)</td></tr> <tr> <td>33</td><td>1325 grams or less (2 pounds, 15 ounces)</td></tr> </table>	<b>Gestational Age (in weeks)</b>	<b>Weight at Birth</b>	37 – 40	Less than 2000 grams (4pounds, 6 ounces)	36	1875 grams or less (4 pounds, 2 ounces)	35	1700 grams or less (3 pounds, 12 ounces)	34	1500 grams or less (3 pounds, 5 ounces)	33	1325 grams or less (2 pounds, 15 ounces)
<b>Gestational Age (in weeks)</b>	<b>Weight at Birth</b>												
37 – 40	Less than 2000 grams (4pounds, 6 ounces)												
36	1875 grams or less (4 pounds, 2 ounces)												
35	1700 grams or less (3 pounds, 12 ounces)												
34	1500 grams or less (3 pounds, 5 ounces)												
33	1325 grams or less (2 pounds, 15 ounces)												
14	A physician or knowledgeable hospice official confirms an individual is receiving hospice services because of terminal cancer.												
15	Allegation of inability to ambulate without the use of a walker or bilateral hand held assistive devices more than two weeks following a spinal cord injury with confirmation of such status from an appropriate medical professional.												

## **APPENDIX G**

### **THE NOTICE OF ACTION (NOA)**

The Notice of Action (NOA) document is used to inform the applicant/recipient of the eligibility status of their MSI application. The applicant/recipient is responsible to inform all providers of medical services of their eligibility status. Providers may also obtain information on eligibility status from the SSA Eligibility Technician at the MSI Information Line (See p. 5), the Patient/Provider Relations office or the Fiscal Intermediary.

The following are samples of NOA documents:

- The NOA indicating Approval of MSI Benefits (See Appendix G-1, p.77)
- The NOA indicating Appeal 2A3 (See Appendix G-2, p.78)
- The NOA indicating Appeal Administrative Review 3A3 (See Appendix G-3, p.79)
- The NOA for Disability Linked MSI applicants (See Appendix G-4, p.80)

The following chart lists all of the currently used notices by code. Code numbers appear on the lower left-hand corner of the Notice of Action.

**(see next page)**

APPROVAL NOTICES OF ACTION TABLE	
<b>First Character</b>	
1	Regular Application
2	Fair Hearing Resolution
3	Administrative Review Resolution
4	Amnesty Application
<b>Second Character</b>	
A	Regular Applicant
B	Applicant becomes 65 years old during 6 months
C	Applicant's alien expiration date during 6 months
DENIAL AND OTHER NOTICES	
Code	Description
11	Deny – Failure to cooperate and/or provide information. Requires entry of reason on second screen.
12	Deny – Timely Application. Application was received after the 90-day deadline or after end of contract deadline.
13	Deny – Resident. Not an Orange County Resident.
14	Deny – Alien. Alien without legal resident status in U.S.
15	Deny – Excess resources. Total property reserves exceed allowable limit. NOA will display property as listed on screen.
16	Deny – Age. Under 21 or over 65 years of age. Referred for Medi-Cal application.
17	Deny – Medi-Cal. Person is currently Medi-Cal eligible.
18	Deny – Institution. Person is resident of institution.
19	Excess income.
20	Excess Resources and Poverty Level. Resources and income both exceed program limits.
31	Pend Dual Medi-Cal (not DAPD) person identified as possible Medi-Cal link, MSI pended for Medi-Cal determination.
32/34	No application processed. Person identified is currently certified. Encounter falls within current certification period. Reapply at end of certification period.
33	Previously denied eligibility. Reapplication for a month in which eligibility has already been determined.
35	Pend Dual Medi-Cal Person identified as possible link to Medi-Cal based on disability. MSI may be approved while awaiting Medi-Cal determination.

## APPENDIX G - 1

## NOTICE OF ACTION – APPROVAL OF BENEFITS

MSI 2391

COUNTY OF ORANGE  
DEPARTMENT OF SOCIAL SERVICES

**NOTICE OF ACTION**  
**MEDICAL SERVICES FOR INDIGENTS PROGRAM**

Notice Date August 9, 2000  
Case

Name	Test2, A
Number	222-22-2222/01

MSI Hotline  
Telephone (714) 480-6333  
Address P.O. Box 70017  
Anaheim, CA 92825-0017

A. Test2  
Aaa  
La Habra, CA 90631

NEU QUI VI CO THAC MAC VE  
QUYEN LOI CUA QUI VI XIN GOI  
THANG "MSI" DIEN THOAI SO

SI TIENE PREGUNTAS DE ESTA NOTICIAS  
DE ELIGIBILDA DEL PROGRAMA DE "MSI"  
LLAME EL TELEPHONO "MSI HOTLINE".

DEAR Ms. A. Test2:

Your Medical Services for Indigents application of August 1, 2000 has been approved. You are eligible for benefits beginning October 1, 2000 through February 28, 2001.

This notice is verification of your eligibility and should be presented to the MSI provider/facility of service when you obtain medical care.

If you continue to have a medical problem at the end of your eligibility period, you may re-apply for the Medical Services for Indigents Program in your last month of eligibility.

This action is required by the following laws and/or regulations.

MSI Manual Sections:  
200-5 Eligibility Determination

MSI Approval – Regular 1A3

MSI Eligible prescriptions may be filled at a Caremark Participating Pharmacy.  
Plan code CRK  
Group # OCMSI

**PLEASE READ THE IMPORTANT NOTICE ON THE BACK OF THIS FORM**

**PROVIDER NOTE:**  
For Billing Address and Information  
see the MSI Provider Manual

## APPENDIX G - 2

### NOTICE OF ACTION – APPEAL (2A3)

**MSI 2391**

COUNTY OF ORANGE  
DEPARTMENT OF SOCIAL SERVICES

**NOTICE OF ACTION  
MEDICAL SERVICES FOR INDIGENTS PROGRAM**

Notice Date	August 9, 2000
Case	
Name	Test2, A
Number	222-22-2222/01
Telephone	MSI Hotline (714) 480-6333
Address	P.O. Box 70017 Anaheim, CA 92825-0017

A. Test2  
Aaa  
La Habra, CA 90631

NEU QUI VI CO THAC MAC VE  
QUYEN LOI CUA QUI VI XIN GOI  
THANG "MSI" DIEN THOI SO

---

DEAR Ms. A. Test A::

SI TIENE PREGUNTAS DE ESTA NOTICAS  
DE ELIGIBILDA DEL PROGRAMA DE "MSI"  
LLAME EL TELEPHONO "MSI HOTLINE".

Your Medical Services for Indigents (MSI) application of \_\_\_\_\_ has been *re-evaluated* as a result of your MSI hearing. This notice is to advise you of the changes in your eligibility based on that *re-evaluation*.

Your Medical Services for Indigents application of \_\_\_\_\_ has been approved. You are eligible for benefits beginning \_\_\_\_\_ through \_\_\_\_\_.

This notice is verification of your eligibility and should be presented to the MSI provider/facility of service when you obtain medical care.

If you continue to have a medical problem at the end of your eligibility period, you may re-apply for the Medical Services for Indigents Program in your last month of eligibility.

This action is required by the following laws and/or regulations.

MSI Manual Sections:  
200-5 Eligibility Determination

MSI Approval - Appeal 2A3

MSI Eligible prescriptions be filled at a Caremark Participating Pharmacy.

Plan code CRK

Group # OCMSI

**PLEASE READ THE IMPORTANT NOTICE ON THE BACK OF THIS FORM**

PROVIDER NOTE:  
For Billing Address and Information  
see the MSI Provider Manual

## APPENDIX G - 3

### NOTICE OF ACTION – ADMINISTRATIVE REVIEW (3A3)

**MSI 2391**

COUNTY OF ORANGE  
DEPARTMENT OF SOCIAL SERVICES

**NOTICE OF ACTION  
MEDICAL SERVICES FOR INDIGENTS PROGRAM**

Notice Date	August 9, 2000
Case	
Name	Test2, A
Number	222-22-2222/01
Telephone	MSI Hotline (714) 480-6333
Address	P.O. Box 70017 Anaheim, CA 92825-0017

A. Test2  
Aaa  
La Habra, CA 90631

NEU QUI VI CO THAC MAC VE  
QUYEN LOI CUA QUI VI XIN GOI  
THANG "MSI" DIEN THOAI SO

DEAR Ms. A. Test A::

SI TIENE PREGUNTAS DE ESTA NOTICAS  
DE ELIGIBILDA DELPROGRAMA DE "MSI"  
LLAME ELTELEPHONO "MSI HOTLINE".

Your Medical Services for Indigents (MSI) application of \_\_\_\_\_ has been *re-evaluated* as a result of your MSI Administrative Review. This notice is to advise you of the changes in your eligibility based on that *re-evaluation*.

Your Medical Services for Indigents application of \_\_\_\_\_ has been approved. You are eligible for benefits beginning \_\_\_\_\_ through \_\_\_\_\_.  
This notice is verification of your eligibility and should be presented to the MSI provider/facility of service when you obtain medical care.

If you continue to have a medical problem at the end of your eligibility period, you may re-apply for the Medical Services for Indigents Program in your last month of eligibility.

This action is required by the following laws and/or regulations.

MSI Manual Sections:  
200-5 Eligibility Determination

MSI Approval – Administrative Review 3A3

MSI Eligible prescriptions be filled at a Caremark Participating Pharmacy.  
Plan code CRK  
Group # OCMSI

PROVIDER NOTE:  
**PLEASE READ THE IMPORTANT NOTICE ON THE BACK OF THIS FORM**

For Billing Address and Information  
see the MSI Provider Manual

## APPENDIX G - 4

### **NOTICE OF ACTION - DISABILITY LINKED**

**MSI 2391**

COUNTY OF ORANGE  
DEPARTMENT OF SOCIAL SERVICES

Notice Date	August 9, 2000
Case	
Name	Test2, A
Number	222-22-2222/01
	MSI Hotline
Telephone	(714) 480-6333
Address	P.O. Box 70017
	Anaheim, CA 92825-0017

**NOTICE OF ACTION**  
**MEDICAL SERVICES FOR INDIGENTS PROGRAM**

A. Test2  
Aaa  
La Habra, CA 90631

NEU QUI VI CO THAC MAC VE  
QUYEN LOI CUA QUI VI XIN GOI  
THANG "MSI" DIEN THOAI SO

---

SI TIENE PREGUNTAS DE ESTA NOTICAS  
DE ELIGIBILDA DELPROGRAMA DE "MSI"  
LLAME ELTELEPHONO "MSI HOTLINE".

DEAR Ms. A. Test2

Thank you for completing both your Medi-Cal application and your MSI application.

You are applying for Medi-Cal because you expect to be disabled over twelve months. If your Medi-Cal application is approved, you will receive a Medi-Cal identification card that you must take to all of your service providers (doctors, hospitals, pharmacies, etc.) so that Medi-Cal can be billed for services you have received.

While your Medi-Cal application is being evaluated, your MSI application may be approved. If you meet all MSI eligibility requirements, you will receive an MSI Notice of Action showing your eligibility period. You must take this notice to all service providers so that MSI can be billed for services you have received. If needed, you may re-apply for MSI. If your Medi-Cal application is approved, you will show your Medi-Cal identification card to providers instead of your MSI notice.

As a reminder, you must complete and cooperate fully in the Medi-Cal application process as a condition of MSI eligibility. If you fail to cooperate in the Medi-Cal process, we will not be able to re-certify your MSI eligibility and you will have to wait until you complete the Medi-Cal process.

This action is required by the following laws and/or regulations.

MSI Manual Sections:  
200 Eligibility Determination

MSI Approval – Pending P35

MSI Eligible prescription may be filled at a Caremark Participating Pharmacy.  
Plan code CRK  
Group # OCMSI

PROVIDER NOTE:

**PLEASE READ THE IMPORTANT NOTICE ON THE BACK OF THIS FORM**

For Billing Address and Information  
**see the MSI Provider Manual**



## APPENDIX H

### REVERSE SIDE OF NOTICE OF ACTION

#### **ELIGIBILITY APPEAL RIGHTS**

You have the right to request a hearing. Your request must be made in writing. Your request for a hearing must be within 30 days of the date of this notice.

If you request a hearing, you will be given notice of the time, date and place. When you receive your Notice of Hearing, you must confirm your intent to appear at the hearing or your appeal will be automatically denied. Instructions for confirmation appear on the Notice of Hearing. You have the right to examine all documents and records to be used at the hearing. You may represent yourself or you may be represented by an attorney or any other person (a friend, relative, or other spokesperson) of your choice. You or your representative may bring witnesses, establish pertinent facts, make arguments, cross-examine witnesses, and refute testimony or evidence. If you want to ask for free legal advice, contact the nearest Legal Aid Society office.

Following the hearing, the hearing officer will issue a written decision. The decision becomes final when adopted by the Program Manager of the Medical Services for Indigents Program.

You may request a hearing by completing the request on this form and either leaving the entire form at the reception desk or mailing it to Orange County Social Services Agency, Appeals Unit, P. O. Box 22001, Santa Ana, California 92702-2001, within 30 days of the date of this notice.

#### **(DO NOT DETACH)**

I request a hearing on the action taken regarding Medical Services for Indigents assistance. I disagree with this action because:

---

---

---

I will be represented by an authorized Representative ☐ Yes ☐ No

Name of Representative

---

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

**APPENDIX I**  
**(Sample Eligibility Status Report)**

NAME	SOC SEC NO/AP#	SEX	BIRTH DATE	STS	RECVD DATE	EFF DATE	TERM DATE	E.T.	LETTER
DOE, JOHN J.	999-99-9972/01	M	07-17-1969	A	08-19-1992	07-01-1992	12-31-1992	Z001	1A1
DOE, JANE J.	999-99-9971/01	F	05-19-1968	A	08-19-1992	07-01-1992	12-31-1992	Z001	1A1
DOE, JOSHUA J.	999-99-9970/01	M	04-12-1950	A	07-27-1992	07-01-1992	12-31-1992	Z001	1A1
DOE, JULIE J.	9999-99-9969/02	F	06-17-1960	A	08-19-1992	06-01-1992	01-31-1993	Z001	1A1
DOE, JANET J.	9999-99-9968/01	F	11-04-1940	M	08-25-1992	07-01-1992	12-31-1992	Z001	P31
Total Listed 5									

## APPENDIX I - 1

### HOW TO READ THE ELIGIBILITY STATUS REPORT

The initial report includes an entire month's activity (e.g., 06-01-02 through 06-30-02). Reports will be issued on a weekly basis.

<b>NAME</b>	Patients are listed alphabetically, by last name.
<b>SSN</b>	<p>The Social Security Number is now used in place of "Case Number."</p> <p>The new system no longer uses the 14 digit Case Numbers. Providers should bill with the Social Security Number for all applicants listed on the Eligibility Status Report. When billing a claim, a copy of the Status Report does not need to be attached. Be sure to use the Social Security Number shown on the Status Report, even if a different number is shown on the application or in your system. This is how the patient is known to the system. In the event the patient does not remember his/her number, or it is not available at the time of approval, the system, i.e., 999-99-9843 will issue a pseudo number preceded by 9's. If this appears on the Status Report, use the pseudo number billing.</p>
<b>AP#</b>	Application Number. The number of times the patient has applied for MSI. All patients will initially be shown as "1" since this is the first time they are "known" to the new system. This field will change if/when the patient reapplies for MSI.
<b>STS</b>	Status of the Application; (i.e., pending, approved, denied, etc.). See page 85.
<b>RECV DATE</b>	<p>Date the Central Processing Unit received the application.</p> <p><b>Note:</b> The application will be date/time stamped in the upper right-hand corner.</p>
<b>EFF DATE</b>	The beginning date of eligibility, based on the initial encounter date listed by hospital staff.
<b>TERM DATE</b>	<p>End of eligibility period.</p> <p><b>Note:</b> Denied applications should not have termination dates. However, initial reports included both effective and term dates.</p>
<b>ET</b>	Caseload Number of Eligibility Technician processing the application.
<b>LETTER</b>	Explains what type of Notice of Action was sent to the patient. The first digit explains the type of notice (approval/denial); the alpha code explains the restrictions on eligibility, if any (turns 65).

## APPENDIX I-1 - continued

### **STATUS CODES**

The following Status Codes reflect the status of the application:

<b>P</b>	Application received and pending.
<b>A</b>	Approval of application from pending status.
<b>D</b>	Denied.
<b>H</b>	Application returned to MSI Contracting facility for clarification. (Unable to process until returned).
<b>M</b>	Dual Medi-Cal application; pending DED determination.
<b>F</b>	Fair hearing request has been filed on previously approved/denied application.
<b>R</b>	Administrative Review request has been received on a previously approved/denied application.
<b>U</b>	<b>Change in certification or eligibility information.</b>
<b>N</b>	Fair Hearing or Administrative Review decision with no change in certification or eligibility information.
<b>C</b>	Change in data other than certification period or eligibility information.
<b>I</b>	Inquiry made by Social Services, with no change in certification period or eligibility information.

## APPENDIX J

### PROCEDURES FOR REFERRAL TO ORANGE COUNTY PSYCHIATRIC EVALUATION AND TREATMENT SERVICES (ETS)

To facilitate the transfer and psychiatric evaluation of medically stable persons meeting admission criteria outlined under W & I Code 5150, and listed below.

#### Admission Criteria

1. Any person who by reason of mental disorder is in imminent danger of harming himself/herself or others, or is gravely disabled and may require psychiatric evaluation, is appropriate for referral to County ETS.
2. Any person suffering from effects of toxic substances, (e.g., drugs, alcohol, poisons, etc.) is not appropriate for admission until medically evaluated and stabilized.
3. Any person with criminal charges and in custody is not appropriate for referral/admission to the County ETS.

#### Admission/Referral Procedures

1. All agency referrals to the County ETS must be preceded by a phone call. No one will be received by the unit without phone approval.
2. The staff at the County ETS will inquire as to the person's behavior, medical status (if known), and circumstances under which he/she is being referred.
3. Hospital personnel who receive individuals in their emergency rooms who meet the criteria for ETS should call **County ETS at 834-6900**. Clinic and physician office-personnel who see individuals in their offices who meet the criteria for ETS should call the closest Adult Outpatient Mental Health Clinic (**see MSI Patient Brochure for a list of numbers**).
4. If the referral does not meet the admission criteria, the County ETS staff will direct the referring person to the most appropriate alternative resource. These resources may include:
  - a) Regional Mental Health Team
  - b) Regional Alcohol/Drug Abuse team

## APPENDIX J - continued

- c) Private Hospital
  - d) Other community service providers
5. If the referral meets admission criteria, County ETS staff will direct the referring person to transport the individual to the County unit.
  6. If the individual is being detained on a 5150, the original 5150 application must accompany the patient to the County facility.
  7. Persons requiring emergency medical services must receive treatment and be medically stable prior to referral and transfer to the County facility. A copy of the emergency room medical report must accompany the patient to the County facility. The Emergency Room Physician must contact the County Physician by telephone for authorization to transfer the patient. ETS will ask for a facsimile of ER report prior to transfer for physician's review.
  8. Ambulance personnel, police and/or transporting person will be requested to remain with the individual brought to the County ETS facility until staff processes admission (approximately 15 minutes).

### **Processing includes:**

- a) A brief screening to confirm that the individual meets admission criteria
- b) Confirmation that any legal holds, i.e., 5150's and related paperwork is complete and accurate
- c) Once the individual is admitted, the County will take the responsibility of providing appropriate disposition services including transport to alternative facilities

## APPENDIX K

### **NOTICE OF PAYMENT DENIAL**

(Front of Form)

Medical Services for Indigents

Formerly: Indigent Medical Services

**American Insurance Administrators**

**P. O. Box 6567 Orange, CA 92863-6567**

**(714) 634-1321**

### **NOTICE OF PAYMENT DENIAL**

### **THIS IS NOT A BILL**

October 9, 2000

Testing L. Testing

102 Shell Drive

San Clemente, CA 92672

MSI Client: Testing L. Testing

Case #: 999-99-994/03

Date of Service: 07/12/00

Amount of Claim: \$299.16

Provider: UCI Medical Center

Date of Denial: 09/27/00

Service: Hospital Services

Reason for Denial: Services provided are not within the scope of MSI Program. (Medical Services Agreement Exhibit A and Provider Manual Criteria for Interpretation of the Scope of Service\*\*).

The scope of the MSI Program is "medically necessary care to protect life, prevent significant disability, or to prevent serious deterioration of health". The claim for the medical care rendered on the above date of service has been denied because it does not meet this test of medical necessity.

You may appeal the denial within 30 days of the date in the heading of this letter. To appeal the denial you must complete the form on the back of this letter, which includes a statement of your appeal rights, or submit a written statement with the same information specified on the form. The completed form or written statement must be sent within the 30-day time limit to:

American Insurance Administrators

P. O. Box 6567

Orange, CA 92863-6567

**This is not a request for payment.**

**Please note: Claims information is not available over the telephone.**

**\*\*Copies available for review**

The Health Care Agency Custodian of Records office can provide a copy of the MSI Medical Services Agreement and the MSI Provider Manual. These documents contain a list of non-covered services. To obtain these items call (714) 834-3536.

## **NOTICE OF PAYMENT DENIAL**

(Back of Form)

### **APPEAL RIGHTS**

You have the right to an appeal. To appeal this decision, you must mail this form or a letter with the same information specified on the form within thirty (30) days of the date of the Notice of Denial to: American Insurance Administrators, P. O. Box 6567, Orange, CA 92863-6567. You may request an appeal, which will be decided by the Medical Review Committee. You may represent yourself or an attorney or any other person of your choice may represent you. If you wish to ask for free legal assistance, contact your nearest Legal Aid Society Office.

Your appeal must be accompanied by any records, medical opinions, arguments or other information, which you or your authorized representative(s) believe would be relevant in establishing the pertinent facts and in reaching a decision. The Medical Review Committee will consider this information in addition to the information contained in the claim file in reaching a final decision. You will be notified in writing of the Committee's decision.

**If you are submitting an appeal, please return this entire form, or a letter with the same information, for proper handling.**

Name: _____	Date: _____
Current Address: _____	Date of Birth: _____
_____	S. S. #: _____
Telephone Number: _____	Best Time to Call: _____
Provider Name: _____	Date of Service: _____
What is the reason for your appeal?	
_____	
_____	
_____	